

Case Number:	CM14-0084892		
Date Assigned:	07/23/2014	Date of Injury:	10/25/2013
Decision Date:	09/23/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female who sustained an injury to her low back on 10/25/13. The mechanism of injury was not documented. Electromyography and Nerve Conduction Velocity (EMG/NCV) of the bilateral lower extremities dated 02/04/14 revealed absent left peroneal motor nerve; decreased amplitude of the right peroneal motor nerve without electromyographic changes; result is most likely due to chronic L4-5 nerve root compression; no electrodiagnostic evidence of bilateral lumbosacral radiculopathy, tibial neuropathy, or peripheral neuropathy. The progress report dated 02/10/14 reported that the injured worker continued to complain of low back pain that radiates down the bilateral lower extremities at 8/10 visual analog scale (VAS). MRI of the lumbar spine dated 03/26/14 revealed severe right neuroforaminal stenosis at L5-S1 secondary to right foraminal and posterolateral disc extrusion; central disc extrusion at this level without neurocompressive phenomena; posterior displacement and suspected compression of the left L5 peroneal root sleeve and origin secondary to left paracentral disc extrusion at L4-5; bilateral L5 PARS defects with grade 1 anterolisthesis of L5 on S1. Physical examination noted difficulty bending/twisting; numbness/tingling in the right leg; motor strength not reported; straight leg raise positive left, negative right; sensation is diminished in the left L5 dermatome. The impression was degenerative scoliosis.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Intralaminar Right L4-5 and L5-S1 Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs); Criteria for the use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The request for intralaminar right L4-5 and L5-S1 lumbar epidural steroid injections is not medically necessary. The previous request was denied on the basis that it was not clear from the medical records provided that the injured worker meets guideline criteria for epidural steroid injections at the requested level and side. Per CAMTUS guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Although the 03/26/14 MRI revealed severe right neuroforaminal stenosis at L5-S1, there were no objective physical findings of radiculopathy at this level on the right. Physical examination findings did not corroborate with the imaging study provided for review of an active radiculopathy at the L4-5 and L5-S1 levels. Given this, the request for intralaminar right L4-5 and L5-S1 lumbar epidural steroid injections is not indicated as medically necessary.