

Case Number:	CM14-0137442		
Date Assigned:	09/05/2014	Date of Injury:	11/11/2009
Decision Date:	12/03/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40 year old female who sustained an industrial injury on 11-11-2009. According to a progress report dated 07-17-2014, the injured worker presented with lower back pain. She described pain across the lumbar region, more so on the left side. She also got pain in the left lower extremity, particularly the left foot. She denied any numbness or weakness or any right side leg pain or symptoms. Treatment to date has included physical therapy and medication. MRI of the lumbar spine revealed disc protrusion at all levels of the lumbar spine but in particular the L3-L4, L4-L5 and L5-S1. There was also foraminal stenosis present at L3-L4 and L4-L5 levels and facet hypertrophy present at the L3-L4, L4-L5 and L5-S1 levels. Medications included Omeprazole. Physical examination demonstrated tenderness to palpation over the lower lumbosacral spine and into the left paraspinous region. Straight leg raising test was positive in the left leg for radicular pain. There was decreased sensation over the left L5 distribution. Motor examination demonstrated slight weakness of left foot dorsiflexion reflexes, symmetric patellar and Achilles. Assessment included multiple level lumbar disc protrusion, foraminal stenosis left L3-L4 and L4-L5 levels, lumbar facet arthropathy and lower back and left lumbosacral radicular pain. The treatment plan included a lumbar epidural steroid injection under fluoroscopic guidance. Electrodiagnostic studies performed on 11-04-2013 showed axonal polyneuropathy and no electrodiagnostic evidence of left lumbar radiculopathy. MRI reports were not submitted for review. On 07-25-2014, Utilization Review non-certified the request for lumbar epidural steroid injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS Guidelines allow for epidural injections if there is a clear dermatomal radiculopathy with corresponding diagnostic testing. This individual has corresponding MRI findings, but inconsistent electrodiagnostic results which are not commended upon by the requesting physician. The prior electrodiagnostic study concluded that there was reasonable evidence of a polyneuropathy, but the records do not report any attempt to evaluate and/or correct the cause of this. Although the requesting physician documents left sided symptoms only, it would be reasonable to re-evaluate the possibility of polyneuropathy before invasive procedures that have minimal evidence of long term benefits. If there is an ongoing polyneuropathy, treatment of this condition may improve the left sided pain without invasive procedures. At this point in time, the request for the Lumbar Epidural Steroid Injection under Fluoroscopic Guidance is not supported by Guidelines and is not medically necessary.