MAXIMUS Federal Services

Case Number:	CM14-0192702		
Date Assigned:	11/26/2014	Date of Injury:	09/22/2010
Decision Date:	01/13/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/18/2014

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 Emergency Medicine and is licensed to practice in California. 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:

This case involves a 62 year old female who sustained a work related injuries on September 22, 2010. The mechanism of injury was not described. She subsequently was diagnosed and treated for lumbar anterolisthesis and left knee patella subluxation status post left knee arthroscopy, synovectomy in April 6, 2011 and February 27, 2012. Treatment included laboratory studies, radiographic imaging, prescribed medications, surgical procedures, home exercise therapy and follow up visits. According to the treating physician progress report dated October 14, 2014, the injured worker reported pain in the left gluteal region down the left leg with unchanged radiating right leg pain. There was persistent numbness in the right foot, intermittent left knee swelling and an increase in low back pain with more difficulty with sitting and standing for prolonged periods. Objective findings revealed a trace of deep tendon reflex in the right patella; the left patella was rated as and the bilateral Achilles was rated as ; there was a decrease in right S1 sensation; and there was noted tenderness in L4-5, L5-S1 and left sciatic notch. Treating provider noted that X-rays revealed degenerative L4-L5, L5-S1 with no instability on flexion or extension and positive scoliosis. Per the November 20, 2014 report, the treating physician noted complaints of left knee pain and exam findings of mild left medial patella tenderness, quadriceps strength at 4/5 and intact sensation. The injured worker retired in August of 2012. Treating provider recommendations were for bilateral epidural steroid injection due to the progression of radicular pain and newer onset of left leg symptoms. The treating physician prescribed services for bilateral lumbar epidural steroid injection at L5-S1 now under review. On November 10, 2014, Utilization Review evaluated the prescription for bilateral lumbar epidural steroid injection at L5-S1 requested on October 27, 2014. Upon review of the clinical information, UR noncertified the request for bilateral lumbar epidural steroid injection at L5-S1 noting the lack of clinical evidence to substantiate the medical necessity, according to the MTUS guidelines. Per the

November 14, 2014 report, the treating physician noted low back pain with radiation to the right lower extremity and left gluteal area with right foot numbness and tingling. Exam findings included right reduced patella reflex, decreased right S1 sensation, positive bilateral straight leg raising test and positive right Lasegue test. The treating physician also noted a June 2011 lumbar MRI which showed a minor disc bulge with bilateral neuroforaminal narrowing at L4-5, and left L5 osteophyte complex with nerve root compression. A January 2011 elecrtrodiagnostic testing reported as showing mild right-sided L5-S1 motor radiculopathy. A April 6, 2012 right transforaminal epidural injection at L5-S1 with reported good relief. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 LESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The requested Bilateral L5-S1 LESI is not medically necessary. California's Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs) on page 46, recommends an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials." The injured worker has low back pain with radiation to the right lower extremity and left gluteal area with right foot numbness and tingling. The treating physician has documented right reduced patella reflex, decreased right S1 sensation, positive bilateral straight leg raising test and positive right Lasegue test. The treating physician also noted a June 2011 lumbar MRI reported as showing minor disc bulge with bilateral neuroforaminal narrowing at L4-5, and left L5 osteophyte complex with nerve root compression. A January 2011 elecrtrodiagnostic testing reported as showing mild right-sided L5-S1 motor radiculopathy. An April 6, 2012 right transforaminal epidural injection at L5-S1 with reported good relief. The treating physician has documented imaging study confirmation of radiculopathy at the left L5-S1 level but not the right side; only mild motor deficits on the right L5-S1 level on electrodiagnostic testing; only right sided positive exam findings; and no duration or percentage of relief from a previous LESI. The criteria noted above not having been met; therefore, this request is not medically necessary.