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| Case Number: | CM14-0194645 | | |
| Date Assigned: | 12/02/2014 | Date of Injury: | 08/10/2008 |
| Decision Date: | 02/02/2015 | UR Denial Date: | 10/24/2014 |
| Priority: | Standard | Application Received: | 11/20/2014 |

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 patient is a 28 year old female who was injured on 8/10/2008. The diagnoses are lumbar radiculopathy, piriformis syndrome and low back pain. The patient completed PT, medication management and modified duty. On 10/30/2014, [REDACTED] noted subjective complaint of low back radiating to the right lower extremity associated with right leg pain associated with numbness and tingling sensation. The 2011 MRI of the lumbar spine was noted to be normal except for conjoined right S1 and S2 nerve roots. An epidural steroid injection was performed in 2012. There was objective finding of tender lumbar paraspinous muscle spasm, positive straight leg raising test on the right and right lower extremity weakness. There was decreased range of motion of the lumbar spine. The sensation was mildly decreased on the right S1 dermatome. On 10/7/2014, [REDACTED] noted subjective complaint of low back pain radiating to the lower extremities. The EMG/NCV did not reveal any conclusive evidence of radiculopathy. The medication was listed as Naproxen. A Utilization Review determination was rendered on 10/24/2014 recommending non certification for right transforaminal LESI L5-S1, Fluoroscopic guidance, lumbar epidurogram, iv sedation and contrast dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Transforaminal Lumbar Epidural Steroid Injection L5-S1, Lumbar; IV sedation; fluoroscopic guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5. Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injection can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and diagnostic tests reports consistent with lumbar radiculopathy. The patient failed conservative treatment with medications and PT. The guidelines recommend the use of fluoroscopy, epidurogram / contrast dye in non- allergic patients as an integral part for proper placement of lumbar epidural steroid injection. The guidelines recommend that intravenous sedation can be beneficial for overtly anxious patients. The criteria for fluoroscopic guided Right L5-S1 transforaminal lumbar epidural steroid injection, epidurogram /contrast dye and iv sedation was met.

Lumbar Epidurogram; contrast dye: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5. Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back Pain.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injection can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and diagnostic tests reports consistent with lumbar radiculopathy. The patient failed conservative treatment with medications and PT. The guidelines recommend the use of fluoroscopy, epidurogram / contrast dye in non- allergic patients as an integral part for proper placement of lumbar epidural steroid injection. The guidelines recommend that intravenous sedation can be beneficial for overtly anxious patients. The criteria for fluoroscopic guided Right L5-S1 transforaminal lumbar epidural steroid injection, epidurogram /contrast dye and iv sedation was met.