

Case Number:	CM14-0195959		
Date Assigned:	12/03/2014	Date of Injury:	06/25/2013
Decision Date:	01/29/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/23/2014

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 Physical Medicine Rehab 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:

The underlying date of injury in this case is 06/25/2013. The date of the utilization review under appeal is 10/23/2014. The patient's diagnoses include a lumbar radiculopathy and bilateral piriformis muscle spasms. The patient also has a history of an L4-5 and L5-S1 fusion in January 2010 and an L2 through L4 fusion in January 2013. On 10/16/2014, the patient was seen in pain consultation regarding possible epidural injection. The patient was noted to have low back pain and right anterior thigh pain since late December 2013 without a new precipitating incident. Lumbar MRI of 01/28/2014 was noted to show metallic artefact from L2 through L4 with L3 through L5 fusion and also an L1-2 disc protrusion. On exam, the patient had no sensation in the right leg except for the calf. The patient had 3+ strength in the right leg with associated atrophy. The treatment plan for a left L2 and L3 epidural steroid injection as well as piriformis injection given the patient had difficulty increasing his work beyond his current restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-L3 transforaminal epidural steroid injection and bilateral piriformis muscle injections:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This patient has a very complex medical and surgical history. Neither the history nor the exam nor the diagnostic studies localize specifically to L2-L3 to suggest the presence of a focal radiculopathy. The treatment guidelines do not support this request. Overall, the request is not medically necessary.