

Case Number:	CM14-0197766		
Date Assigned:	12/08/2014	Date of Injury:	09/10/2009
Decision Date:	01/28/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/25/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, Acupuncture 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 48 year old female sustained an injury on September 10, 2009. The mechanism of injury was not included in the provided medical records. Recent signs and symptoms included continuing lower back and left leg radiculopathy. On August 13, 2013, a nerve conduction study revealed radiculopathy of left L2-3 (lumbar two-three). On October 8, 2014, a MRI of the lumbar spine revealed spondylosis at L4-5 (lumbar four-five) and L5-S1 (lumbar five-sacral one). There is an annular bulge that is slightly to the right with right-sided neuroforaminal narrowing. Lumbar x-rays revealed degenerative disc disease, most notably at L4-5 and L5-S1. There was no fracture or tumor. On October 28, 2014, the primary treating physician noted the injured worker's was not symptomatic of the annular bulge, and she continued with pain, mostly in the left side L4-5 and L5-S1 distribution. The physical exam revealed a level anterior/superior iliac spine on a horizontal plane, no evidence of pelvic deviation, equal leg lengths, mildly decreased range of motion of the left hip, negative Thomas and Trendelenburg tests, normal motor exam of bilateral lower extremities, and pain with palpation of the greater trochanter. There was normal lordosis of the lumbar spine, no pain with flexion/extension, normal range of motion, normal motor exam of the lower extremities with normal tibialis anterior L4, great hallux L5, and peroneus S1. No numbness or tingling of bilateral lower extremities and negative straight leg raise bilaterally. Direct palpation of the left L5-S1 facet produced pain, the straight leg raise was positive, and there was decreased sensation of the left L5 nerve distribution. Deep tendon reflexes at L4 and S1 were normal bilaterally. Muscle strength was normal. Diagnoses included lumbago with continued left leg radiculopathy, left leg sciatica, hypertension, status post bladder surgery, and a fatty liver. Current medications included an anti-inflammatory and a beta blocker. The treatment plan included muscle relaxant medication and a request for a left L4-5 and L5-S1 epidural injection. Work status was described as modified duties. On November 10, 2014

Utilization Review non-certified a request for a lumbar epidural injection for the left side L4-5 and L5-S1. The lumbar epidural injection was non-certified based on lack of agreement among the subjective and objective findings. The injured worker had left lower extremity symptoms; the physical exam revealed decreased sensation at the L5 dermatome. Nerve conduction studies revealed L2 and L3 level involvement, and the MRI showed no nerve root involvement. The Chronic Pain Medical Treatment Guidelines: the criteria for epidural steroid injection were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection of the left side L4-L5, L5-S1: 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 Page(s): 46.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The documentation submitted for review does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy in the dermatomes which would be affected by left L4/5 and Left L5/S1 ESIs. The MRI findings documented do not demonstrate findings consistent with radiculopathy at those levels. The documentation submitted includes EMG/NCS findings at other levels. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. The claimant may have radiculitis in the aforementioned dermatomes, but documentation does not reflect radiculopathy per se. This request is not medically necessary.