

Case Number:	CM14-0208827		
Date Assigned:	12/22/2014	Date of Injury:	07/24/2012
Decision Date:	02/19/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/12/2014

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 32 year old male with date of injury 7/24/12, sustained in a work related automobile accident. The treating physician report dated 10/23/14 (89) indicates that the patient presents with pain affecting the low back. The patient complains of radiation down the bilateral lower extremities, especially on the left side which is accompanied with numbness and tingling in the calves, and feet. The physical examination findings reveal sensation is decreased in the bilateral L5 dermatomes. The patient has absent ankle reflexes and a positive straight leg raising at 40 degrees in the left lower extremity. Prior treatment history includes physical therapy, shockwave therapy, and prescribed medications. EMG findings reveal L5 radiculopathy more so on the left side. The current diagnoses are: 1. Lumbar disc disease 2. Lumbar spine radiculopathy. The utilization review report dated 11/14/14 (4) denied the request for Bilateral L5 Transforaminal steroid injection, monitored anesthesia care, and epidurography based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 Transforaminal steroid injection, monitored anesthesia care, and epidurography: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: The patient presents with pain affecting the low back with radiation into bilateral lower extremities. The current request is for Bilateral L5 Transforaminal steroid injection, monitored anesthesia care, and epidurography. The treating physician report dated 10/23/14 (89) states, "Based on the patient's symptoms, I would like to request an authorization for bilateral L5 transforaminal steroid injections." Regarding monitored anesthesia care, the physician states, "The patient expressed the need for IV sedation. He is afraid that he will not be able to lay still." MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The treating physician report dated 10/23/14 states that the patient was diagnosed with lumbar spine radiculopathy which was documented by EMG/NCV from March 2013. In this case, reports provided do not show that the patient has received a prior epidural steroid injection and the patient has been diagnosed with lumbar radiculopathy which was corroborated by an EMG/NCV test preformed in March 2013. The current request satisfies MTUS guidelines as outlined on page 46. Recommendation is for authorization.