

Case Number:	CM14-0209450		
Date Assigned:	12/19/2014	Date of Injury:	12/02/1993
Decision Date:	02/18/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/15/2014

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 an injured female worker with date of injury 12/2/93. The treating physician report dated 11/5/14 (125) indicates that the patient presents with pain affecting the cervical spine status fusion and lumbar pain with left lower extremity radiculopathy. The physical examination findings reveal the patient has difficulty with ambulation, SLR is positive and femoral stretch test is positive. MRI findings dated 3/10/11 reveal disc bulging from L3-S1 with moderate stenosis of the left neural foramen with abutment of the exiting left L4 nerve root and bilaterally at L5/S1. The current diagnoses are: 1.Cervical radiculopathy status post fusion2.Lumbar radiculopathy in the L3, L4 and L5 distribution3.Bilateral shoulder impingement4.Pain in the kneeThe utilization review report dated 11/12/14 denied the request for Left-sided L3-4, L4-5 and L5-S1 Transforaminal Epidural Steroid Injection (TFESI) based on the MTUS guidelines with no documentation of lumbar MRI findings to corroborate radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left-sided L3-4, L4-5 and L5-S1 transforaminal epidural steroid injection (TFESI):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Low Back Lumbar & Thoracic

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

Decision rationale: The patient presents with chronic lower back pain with left leg radiating pain. The current request is for left-sided L3-4, L4-5 and L5-S1 transforaminal epidural steroid injection (TFESI). The treating physician states, "The patient will need a left sided L3/4, L4/5 and L5/S1 transforaminal epidural to try to relieve the pain." There is no documentation of prior lumbar ESI. The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case, the treating physician had documented physical examination findings that are consistent with radiculopathy and the MRI report reviewed shows moderate IVF stenosis. However, the MTUS guidelines specifically state that, "No more than two nerve root levels should be injected using transforaminal blocks." The current request is for 3 nerve root levels and is not medically necessary per the MTUS guidelines. Therefore, this request is not medically necessary.