

Case Number:	CM14-0051738		
Date Assigned:	06/23/2014	Date of Injury:	11/07/2012
Decision Date:	01/26/2015	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/21/2014

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, has a subspecialty in Interventional spine 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 patient is a 56 year old female with an injury date of 11/07/12. Based on the progress report dated 02/03/14, the patient complains of pain in lumbar and cervical pain. Physical examination reveals moderate spasms in the cervical spine along with decreased range of motion in all planes. The range of motion of the lumbar spine is also decreased on all planes. The straight leg raise is positive bilaterally and at L4-L5 region on the left. In progress report dated 01/24/14, the patient complains of sharp, stabbing, 8/10 pain in the lumbar spine that radiates to the left knee and causes numbness and weakness in the left leg. The patient also experiences headaches, anxiety, depression, dizziness, and difficulty sleeping. Physical examination of the lumbar spine reveals 2+ tenderness in the midline, bilateral paraspinous, and bilateral SI regions. Heel and toe walk, lumbar facet test, and straight leg raise are positive bilaterally. Acupuncture and physical have helped reduce the pain, as per progress report dated 02/03/14. The patient has been prescribed Amitriptyline/Dextromethorphan/Tramadol and Capsaicin/Menthol/Camphor/Tramadol creams, as per the same progress report. The patient is able to return to light work with restrictions, as per progress report dated 02/03/14. EMG/NCV, 02/17/14: The EMG was normal but the NCV was abnormal and suggestive of: Severe right carpal tunnel syndrome; Minimal-to-mild left carpal tunnel syndrome. MRI of the Lumbar Spine, 04/22/13, as per the Utilization Review Denial Letter: 1 - 2 mm disc bulges and foraminal stenosis from L3-S1. Diagnoses, 02/03/14; Severe degenerative disc disease, cervical spine; Severe degenerative disc disease, lumbar spine. The treating physician is requesting for LUMBAR ESI AT L5-S1. The utilization review determination being challenged is dated 03/11/14. The rationale was "there is no diagnostic study corroborating the presence of lumbar radiculopathy." Treatment reports were provided from 10/01/13 - 08/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI at L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46, 47.

Decision rationale: The patient presents with sharp, stabbing, 8/10 pain in the lumbar spine that radiates to the left knee and causes numbness and weakness in the left leg, as per progress report dated 01/24/14. The request is for Lumbar ESI at L5-S1. The patient also suffers from pain in the cervical spine, as per progress report dated 02/3/14. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," In this case, the treating physician does not discuss the request in detail. Review of the available progress reports does not reflect prior ESI. The patient has low back pain that radiates to the left leg to cause numbness and weakness. The treating physician presents a diagnosis of herniated disc in lumbar spine but the MRI report from 4/22/13 only shows 1-2 mm disc bulge with foraminal stenosis from L3-S1. The foraminal stenosis may result in radicular symptoms but this is not well discussed. Given the patient's significant leg symptoms, positive exam findings and the foraminal stenosis, however, a trial of ESI appear reasonable. The request is medically necessary.