

Case Number:	CM15-0004379		
Date Assigned:	01/15/2015	Date of Injury:	05/06/2013
Decision Date:	03/17/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/08/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female sustained a work related injury on 05/06/2013. During an office visit on 10/17/2014, physical examination of the lumbosacral region revealed positive pelvic thrust, pain with Valsalva, pain to palpation over the L4-L5 to S1 facet capsules and spinous process, pain with rotational extension indicative of facet capsular tears, secondary myofascial pain with triggering and ropey fibrotic banding and tenderness. Straight leg raise testing was positive on left side at 45 degrees, positive with pain radiating to the left buttocks, posterior thigh and medial leg, positive right side at 45 degrees and positive with pain radiating to the right buttock, posterior thigh and medial leg. According to a progress report dated 11/12/2014, the injured worker presented with worsening back pain and bilateral radiculopathy, right worse than left. The injured worker stated that she had an injection done once after the accident and that it failed to alleviate her symptoms. She was then referred for possible surgical intervention. She had difficulty ambulating because of back pain and radiculopathy. The limitation was 90 percent due to her back and 10 percent due to her right lower extremity pain. She denied any bowel or bladder dysfunction. MRI revealed degenerative disc at L5-S1 level with a disc herniation at that level. The x-ray showed isthmic spondylolisthesis on L4-S1 with increased sacral slope. Plan of care included trial of non-operative epidural injection to L5-S1. The injured worker mentioned that and EMG (electromyography) was performed. The report was not submitted for this review. On 12/02/2014, Utilization Review non-certified Epidural Steroid Injection at L5-S1. According to the Utilization Review physician, there was an absence in physical exam findings to support radiculopathy. She had no reflex changes, intact sensation and 5/5 motor strength.

Documentation of the prior response to epidural steroid injection was not provided. Guidelines cited included CA MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. The decision was appealed for an Independent Medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's.

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

Decision rationale: The patient presents with back pain radiating to lower extremities, right worse than left. The request is for EPIDURAL INJECTION AT L5-S1. The request for authorization is not available. The patient is status-post injection 06/2013. Straight-leg raise testing is positive on both sides with pain radiating to buttocks, post. thigh and medial leg. Patient is having difficulty ambulating due to 90% back pain and 10% right lower extremity pain. Patient's medications include Diazepam, Norco, Prilosec and Viibryd. X-ray of the L-spine 11/12/14 shows grade 2 spondylolisthesis at L5-S1 without motion on flexion-extension. MRI of the lumbar spine 09/29/14 shows L5-S1: 6-7mm diffuse disc bulge and severe facet osteoarthritis. Per progress report dated 11/12/14, patient states EMG was done, however, documentation was not submitted for review. The patient is temporarily totally disabled. MTUS page 46, 47 states that an ESI is Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). MTUS further states, Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.- In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year."Treater has not provided reason for the request. In this case, radiculopathy is documented in patient by positive straight-leg test and results of her imaging studies. However, the patient only has 10% leg symptoms with most of the problem in the low back. An ESI would not be indicated without significant radicular symptoms for a diagnosis of radiculopathy. Furthermore, per progress report dated 11/12/14, patient states her previous injection failed to alleviate her symptoms. MTUS requires documentation of objective pain and functional improvement, including at least 50% pain relief with associated reduction of medication use. Therefore, the request IS NOT medically necessary.