

Case Number:	CM15-0005497		
Date Assigned:	01/16/2015	Date of Injury:	03/29/2012
Decision Date:	03/17/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/12/2015

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:

The injured worker was a 55 year old female, who sustained an industrial injury, March 29, 2012. The injury occurred when the injured worker lifted a barrel that had fallen off a pallet. The injured workers chief complaint was pain in the lower back and left shoulder. The injured worker was diagnosed with L4-5 and L5-S1 disc degeneration with neuro-foraminal stenosis, radiculopathy, lower extremity weakness, decreased sensation bilaterally at L4 dermatomes with positive straight leg raises, left shoulder internal derangement with slap lesion. The injured worker had been treated with epidural injections, physical therapy, home exercise program, EMG/NCS electromyography and nerve conduction studies, psychological services, Trazadone, Paxil, Norco and Zanaflex. On December 10, 2014 the primary treating physician requested Bilateral Transforaminal Lumbar Epidural Steroid Injection at L4-5 and L5-S1 Fluoroscopy Guidance. On December 12, 2014, the UR denied authorization for a Bilateral Transforaminal Lumbar Epidural Steroid Injection at L4-5 and L5-S1 Fluoroscopy Guidance. The denial was based on the MTUS guidelines for Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Lumbar Epidural Steroid Injection at L4-5 and L5-S1 Fluoroscopy Guidance: Upheld

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

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

Decision rationale: The 12/12/14 Utilization Review letter states the Bilateral transforaminal lumbar epidural steroid injection at L4-5 and L5-S1 requested on the 11/06/2014 medical report was modified to allow the injection at the L4-5 level only, because the 6/28/13 MRI did not show compression of the nerve roots at L5-S1. According to the 11/6/14 pain management report, the patient has worsening low back pain with radiation to the right buttock and posterior and lateral right thigh. L4, L5, and S1 dermatomes worse than last examination there were no nerve root tension signs on exam. The physician did not provide discussion to differentiate between a stocking pattern versus all 3 dermatomes, L4, L5, and S1 which encompass the whole foot. The 11/6/14 report did not contain clinical examination findings to substantiate the subjective complaints of radicular symptoms. The only exam findings reported are Gaenslens, Patrick Fabre and sacroiliac joint thrust. The 12/10/14 report from a different pain management physician, states there was an EMG study on 3/25/14 that showed bilateral L4 and L5 radiculopathy. The new pain management physician felt the bilateral epidural injections at L4-5 and L5-S1 and SI joint injections were excessive and recommended starting with diagnostic facet injections. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections [ESIs] page 46 states these are recommended as an option for treatment of radicular pain [defined as pain in dermatomal distribution with corroborative findings of Radiculopathy]. The MTUS Criteria for the use of Epidural steroid injections states: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The 11/6/14 request for ESI did not have a physical examination that suggests bilateral radiculopathy at L4 and L5. MTUS criteria for epidural injections require that radiculopathy be documented on physical examination. The MTUS criteria for a lumbar epidural injection has not been met. The request for: Bilateral transforaminal lumbar epidural steroid injection at L4-5 and L5-S1 with fluoroscopy guidance IS NOT medically necessary.