MAXIMUS Federal Services

Case Number:	CM15-0104900		
Date Assigned:	06/09/2015	Date of Injury:	05/04/2012
Decision Date:	07/10/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/01/2015

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, Pain Management

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 is a 59-year-old female, who sustained an industrial injury on 5/4/12. The injured worker was diagnosed as having status post lumbar fusion l4-S1 in 2013 and lumbar radiculitis. Treatment to date has included lumbar fusion, lumbar epidural steroid injection, oral medications, physical therapy and home exercise program. Currently, the injured worker complains of persistent tailbone pain and numbness in right S1 distribution. She notes that following the epidural steroid injection she had a significant decrease in numbness and pain in right leg. Physical exam noted significant tenderness in the lumbar paraspinal musculature, pain in the sciatic notch and spasms in the quadratus lumborum. The treatment plan included a request for authorization for alternate procedure a right S1 transforaminal approach, continuation for medication management, random urinary drug screening and follow up appointment. A progress report dated April 16, 2015 recommends performing a transforaminal epidural steroid injection at the S1 area for diagnostic purposes. The note summarizes and electro diagnostic study performed on December 16, 2014, which is described as normal. A review of a CT scan of the lumbar spine dated November 21, 2012 identifies a 2 mm disc bulge at L5-S1 with no mention of neuroforaminal stenosis. The requesting physician seemed to feel that the disc bulges larger than the radiologists bulge, and states that the patient failed conservative treatment and is being considered for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alternative procedure: right S1 TF injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter; AMA Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for Selective Nerve Root Epidural to Lumbar Spine Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. ODG states when used for diagnostic purposes the following indications have been recommended: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery. Within the documentation available for review, it appears the patient has symptoms and findings consistent with S1 radiculopathy. Unfortunately, the imaging and electro diagnostic studies do not necessarily corroborate this finding. However, the patient has failed conservative treatment and is considering surgical intervention for the current complaints. As such, a diagnostic epidural injection seems reasonable to help define the patient's current pain generator. Therefore, the currently requested S1 transforaminal epidural injection is medically necessary.