

Case Number:	CM15-0191700		
Date Assigned:	10/05/2015	Date of Injury:	06/26/2007
Decision Date:	11/13/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/29/2015

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: Emergency Medicine

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 51 year old female with a date of injury on 06-26-2007. The injured worker is undergoing treatment for chronic pain syndrome, degenerative disc disease of the lumbar spine with radiculopathy, disc protrusion with moderate stenosis and foraminal narrowing at L5-S1, facet syndrome of the lumbar spine, multilevel facet arthropathy, multilevel neural foraminal narrowing, and sleep deprivations, depression anxiety and coping issues. A physician progress note dated 07-14-2015 documents the injured worker complains of low back pain that is constant, dull and achy, and it radiates to both lower extremities with numbness and weakness, right greater than left. She rates her pain as 8 out of 10. Cervical, thoracic and lumbar range of motion is restricted in all planes. There is decreased sensation throughout the right upper extremity. There is decreased sensation to the right L4, L5, and L1 dermatomes. Straight leg raise is positive on the right at 30 degrees and reproduces symptom to the foot. She has positive slump test bilaterally. Lasegue is positive on the right. She is not working. Treatment to date has included medications, 19 acupuncture sessions, 8 chiropractic sessions, and 15 physical therapy visits. Current medications include Prilosec, Gabapentin cream, Ibuprofen, Capsaicin cream and Cymbalta. An unofficial Magnetic Resonance Imaging of the lumbar spine done on 10-08-2014 revealed disc protrusion at L5-S1 with mild canal and moderate bilateral foraminal stenosis, disc bulging at L4-5 with mild canal and mild to moderate bilateral foraminal stenosis. An unofficial Electromyography and Nerve Conduction Velocity study done on 01-24-2013 showed decreased amplitude of the right peroneal motor response likely due atrophy of the EDB, this may be caused by right L5-S1 radiculopathy versus peroneal neuropathy at the ankle. The treatment plan includes continuing her home

exercise program, prescriptions for Duloxetine DR, Gabapentin Omeprazole, ongoing follow-up with pain psychiatry, a follow up visit in 4 weeks, and a LSO brace was recommended, and lumbar epidural steroid injections. She has not had any previous epidural injections. On 09-02-2015 Utilization Review non-certified the request for Selective Right S1 Nerve Root.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Right S1 Nerve Root: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: As per UR and progress note, provider had requested ESI of L4-5, L5-S1 and selective S1. It is unclear if ESI to L4-5 and L5-S1 was approved. As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation states that injection is an attempt to decrease pain to avoid surgery and to improve functional status to perform more exercise, meets criteria. 2) Unresponsive to conservative treatment. There is appropriate documentation of attempt of treatment with elavil and ongoing neuropathic medication treatment, meets criteria. 3) Radiculopathy as defined by MTUS guidelines. Documentation meets appropriate neurological findings supported by imaging and electrodiagnostic criteria for radiculopathy. Patient has MRI and electrodiagnostics consistent with radiculopathy as defined by MTUS guidelines, meets criteria. 4) No more than two nerve root levels should be injected using transforaminal blocks and/or no more than one interlaminar level should be injected at one session. However, it is unclear if the requested ESI to the 2 other levels was approved. If those ESI was approved then this request cannot be approved since it would violate guideline criteria. Due to no information concerning the other requested ESI on those other levels, this independent medical review cannot safely approve of this ESI request. ESI of S1 root is not medically necessary.