

Case Number:	CM15-0035366		
Date Assigned:	03/03/2015	Date of Injury:	10/05/2009
Decision Date:	04/15/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/25/2015

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 is a 35 year old female, who sustained an industrial injury on 10/5/2009. The diagnoses have included lumbago, lumbar spondylosis and lumbar radiculopathy. Treatment to date has included medication. Magnetic resonance imaging (MRI) of the lumbar spine dated 12/3/2014 revealed mild disc disease. According to the progress report dated 1/22/2015, the injured worker presented with back pain. The pain radiated down the left leg and down to the foot. The pain moderately limited activities. Inspection and palpation of the lumbar spine revealed facet loading signs and bilateral paraspinal muscle spasms. There was tenderness to the bilateral legs and feet. Authorization was requested for left lumbar transforaminal epidural steroid injection (ESI). On 2/2/2015 Utilization Review (UR) non-certified a request for left lumbar transforaminal epidural steroid injection (ESI). The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar transforaminal epidural steroid injection L4-5, L5-S1 fluoroscopy, sedation:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The 2/02/15 Utilization Review letter states the Left lumbar transforaminal epidural steroid injection L4-5, L5-S1; fluoroscopy; sedation requested on the 1/22/15 medical report was denied because there was no objective findings of radiculopathy or indication that the patient failed conservative treatment. According to the 1/22/15 medical report, the patient presents with sharp low back pain that radiates down the left leg to the foot. The diagnoses include: lumbago, spondylosis, and radiculopathy, pain. Physical exam showed tenderness and positive lumbar facet loading signs. The plan was for a left TFESI L3/4, 4/5, 5/S1. The lumbar MRI from 12/03/14 shows 2-mm bulge at L5/S1 without central or neural foraminal stenosis. The lumbar MRI from 11/01/13 did not show central or neural foraminal stenosis. 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 request for a lumbar epidural steroid injection is not in accordance with MTUS guidelines. The reporting did not include physical exam findings suggestive radiculopathy. There were no nerve root tension signs. No sensory or motor deficits noted. No specific dermatomal distribution of symptoms has been identified, and the MRIs from 2013 and 2014 do not show any areas of potential nerve root impingement. MTUS criteria for ESI requires physical exam findings of radiculopathy corroborated imaging or electrodiagnostic studies. The request for a "Left lumbar transforaminal epidural steroid injection L4-5, L5-S1; fluoroscopy; sedation" IS NOT medically necessary.