

Case Number:	CM14-0010094		
Date Assigned:	02/21/2014	Date of Injury:	01/14/2008
Decision Date:	06/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/24/2014

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. The expert reviewer is Board Certified in Neurological Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46-year-old female with a date of injury of January 14, 2008. The mechanism of injury is not disclosed. A progress note dated January 13, 2014 is provided for review in support of the above noted request indicating follow-up for evaluation and treatment of low back pain. The present complaints include low back pain with occasional pain, numbness, tingling, and weakness of the left leg. Straining, as with a bowel movement, causes tingling. The pain is present continuously and worse with activity. The patient indicates pain is decreased when lying on the floor with the hips and knees flexed. An MRI of the lumbar spine dated November 5, 2013 demonstrates an L3-4 left annular tear at the extraforaminal region and an L4-5 right annular tear at the foramen. Electrodiagnostic (EMG/NCV) studies from December 2013 evidence left tarsal tunnel syndrome. The injured worker continues to present with left posterior leg pain and pain in the sole of the left foot. Physical examination reveals 4/5 strength of the left ankle plantar flexion, decreased sensation to light touch of the posterior left leg. Back exam reveals no tenderness to palpation and full range of motion. Straight leg raise is negative bilaterally. Patrick's, Faber's, and Gaenslen's test are negative bilaterally. Reflexes are 2+, bilateral, and symmetric. The assessment is lumbar radiculopathy, pre-existing neck, shoulder, and the injury (work comp.), and anxiety and stress. The treatment recommendation indicates that lighted term was previously denied. An S1 transforaminal epidural steroid injection has been recommended due to the patient's pain in the left posterior leg with numbness and weakness of her left leg and S1 distribution. A review of this request resulted in a recommendation for non-certification on January 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Epidural Steroid Injection Page 46.

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the California Medical Treatment Utilization Schedule (CAMTUS) guidelines. Specifically, there is no documentation of a radiculopathy on MRI, and no electrodiagnostic studies have been provided. In the absence of imaging or electrodiagnostic studies corroborating the diagnosis and physical exam findings of radiculopathy, guideline criteria are not met. As such, the requested procedure is deemed not medically necessary.