

Case Number:	CM14-0123074		
Date Assigned:	08/08/2014	Date of Injury:	03/25/2012
Decision Date:	10/10/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52-year-old female was reportedly injured on 3/25/2012. The most recent progress note, dated 6/10/2014, indicated that there were ongoing complaints of low back and buttock pains. Physical examination demonstrated lumbar spine with flexion at 60 degrees and extension 10 degrees, straight leg raising negative, strength 5/5 in lower extremities and down going toes with [REDACTED] and no clonus. Plain radiographs of the lumbar spine, dated 4/8/2014, demonstrated slight degenerative changes at L4-L5. MRI of lumbar spine, dated 8/12/2013, showed mild disk bulges without significant stenosis at L3-L4 and L4-L5. Diagnoses were left sacroiliitis and lumbar radiculitis. Previous treatment included physical therapy, chiropractic treatment, home exercises and medications. A request had been made for transforaminal S1 epidural steroid injection with myelogram, fluoroscopy and conscious sedation (QTY: 1), which were non-certified in the utilization review on 7/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal S1 Epidural Steroid Injection: Upheld

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

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

Decision rationale: MTUS treatment guidelines support lumbar epidural steroid injections when radiculopathy is documented on physical examination and corroborated by diagnostic imaging and electrodiagnostic studies in individuals who have not improved with conservative treatment. Based on the clinical documentation provided, and considering the criteria for the use of epidural steroid injections as outlined in the MTUS; there is insufficient clinical evidence presented that the proposed procedure meets the guidelines. Specifically, there is no documentation of electrodiagnostic studies confirming the diagnosis of lumbar radiculopathy or significant stenosis on the MRI of the lumbar spine. As such, this request is not considered medically necessary.

Myelogram: 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 Page(s): 46.

Decision rationale: MTUS treatment guidelines do not support the request for lumbar epidural steroid injections due to lack of clinical documentation to include electrodiagnostic studies confirming the diagnosis of lumbar radiculopathy or significant stenosis on MRI of the lumbar spine. Therefore, the request for a myelogram during the procedure is not considered medically necessary.

Fluoroscopy: 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 Page(s): 46.

Decision rationale: MTUS treatment guidelines do not support the request for lumbar epidural steroid injections due to lack of clinical documentation to include electrodiagnostic studies confirming the diagnosis of lumbar radiculopathy or significant stenosis on MRI of the lumbar spine. Therefore, the request for fluoroscopy during the procedure is not considered medically necessary.

Conscious 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 Page(s): 46.

Decision rationale: MTUS treatment guidelines do not support the request for lumbar epidural steroid injections due to lack of clinical documentation to include electrodiagnostic studies confirming the diagnosis of lumbar radiculopathy or significant stenosis on MRI of the lumbar spine. Therefore, the request for a conscious sedation during the procedure is not considered medically necessary.