

Case Number:	CM14-0123187		
Date Assigned:	08/08/2014	Date of Injury:	01/20/2003
Decision Date:	10/14/2014	UR Denial Date:	07/16/2014
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 Family Medicine 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 patient is a 55-year-old male who has submitted a claim for thoracic or lumbosacral neuritis or radiculitis associated with an industrial injury date of January 20, 2003. Medical records from 2014 were reviewed. The patient complained of chronic low back pain with dysesthetic pain radiating to the bilateral lower extremities. He has had bilateral L4-5 and L5-S1 lumbar transforaminal epidural steroid injections on January 22, 2014 with 50% relief for 6 months. Physical examination showed a mildly antalgic gait; bilateral lumbosacral paraspinous tenderness, worse on the right; limitation of motion on lumbar extension by 50% due to pain; bilaterally positive straight leg raise; and decreased sensation to light touch at the right L5-S1 region and the left L4-5. The diagnosis was lumbosacral radiculopathy. No MRI or electrodiagnostic studies were noted from the medical records provided. Treatment to date has included oral analgesics and lumbar ESI. Utilization review from July 16, 2014 denied the request for Transforaminal epidural steroid injection L4-L5, L5-S1, bilaterally under fluoroscopy and anesthesia x1. There was no evidence of radiculopathy in a dermatomal distribution; no neurological deficits identified with strength, sensation, reflexes; and no diagnostic studies such as MRI or electrodiagnostic studies to corroborate the presence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection L4-L5, L5-S1, bilaterally under fluoroscopy and anesthesia x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Criteria for the use of epidural ster.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Epidural steroid injections, Page(s): 46.

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include documented radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing that is initially unresponsive to conservative treatment. In this case, there were no significant objective findings to support presence of radiculopathy in this patient. Furthermore, lumbar MRI and electrodiagnostic studies were not done based on the medical records provided. The guideline requires objective radiculopathy corroborated by imaging or electrodiagnostic studies prior to treatment. Likewise, there was no objective evidence of trial and failure of other conservative treatment to manage pain. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Transforaminal epidural steroid injection L4-L5, L5-S1, bilaterally under fluoroscopy and anesthesia x1 is not medically necessary.