

Case Number:	CM14-0091196		
Date Assigned:	07/25/2014	Date of Injury:	04/23/2012
Decision Date:	09/03/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/16/2014

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 Occupational 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:

This is a request for repeat bilateral S1 lumbar steroid injection for a 70 year old female injured on 4/23/12 with chronic low back pain. However, history and examination findings do not clearly establish bilateral S1 lumbar radiculopathy. There is mention of burning/stabbing pain down posterior legs, left greater than right. Whether this extends below the knees is unclear. There are no complaints of numbness or weakness. Decreased sensation is noted on the left L5-S1 dermatome only on exam. Straight leg raise is positive on the left only. Strength is 5/5. Reflexes are symmetric. While bilateral S1 radiculopathy is suggested by EMG/NCS, MRI does not demonstrate S1 nerve root compromise. Medical necessity is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Lumbar Epidural Steroid Injection Bilateral S1 (Sacral 1) under fluoroscopic guidance & conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, Epidural steroid injection.

Decision rationale: This is a request for repeat bilateral S1 lumbar steroid injection for a 70 year old female injured on 4/23/12 with chronic low back pain. However, history and examination findings do not clearly establish bilateral S1 lumbar radiculopathy. There is mention of burning/stabbing pain down posterior legs, left greater than right. Whether this extends below the knees is unclear. There are no complaints of numbness or weakness. Decreased sensation is noted on the left L5-S1 dermatome only on exam. Straight leg raise is positive on the left only. Strength is 5/5. Reflexes are symmetric. While bilateral S1 radiculopathy is suggested by EMG/NCS, MRI does not demonstrate S1 nerve root compromise. Medical necessity is not established.