

Case Number:	CM14-0215215		
Date Assigned:	01/02/2015	Date of Injury:	05/25/2008
Decision Date:	02/25/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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 & Rehabn

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 58 year old female with an injury date on 05/25/2014. Based on the 11/12/2014 progress report provided by the treating physician, the diagnoses are: 1. Status post work-related injury, 5/25/08. 2. Worsening back and bilateral leg symptoms. 3. Right buttock and anterior thigh pain, rule out L3 radiculopathy. 4. Left buttock and radiating leg pain, rule out L5 radiculopathy versus sacroiliac irritation. 5. Positive EMG with bilateral chronic active L5 radiculopathy. According to this report, the patient complains of pain in the “back and radiating right buttock and anterior thigh pain.” Patient “has difficulty even lifting, bending, and twisting.” Physical exam reveals pain on palpation of the lower lumbar and right buttock region and the right SI joint region. There are some positive SI joint provocative maneuvers inducing Gaenslen's and pelvic distraction and femoral thrust. MRI of the lumbar spine on 11/05/2014 shows “a very mild (3mm) anterolisthesis of L3 on L4 is seen secondary to moderate facet joint degenerative changes with trace bilateral facet joint fluid. Intervertebral disc is mildly decreased in height with a minor annular disc bulge.” Treatment to date includes “right L4-L5 transforaminal epidural steroid injection dated 5/7/09 and 7/13/0.” The treatment plan is to request for an elastic back brace and right L3-4 transforaminal epidural steroid injection. The patient’s work status is “Permanent and stationary, being treated under future medical care.” There were no other significant findings noted on this report. The utilization review denied the request for right Epidural Steroid Injection at L3-L4 on 12/08/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 07/17/2014 to 11/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection right L3-L4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: According to the 11/12/2014 report, this patient presents with back and radiating right buttock and anterior thigh pain. The current request is for Peer to peer Transforaminal Epidural Steroid Injection right L3-L4. Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of the reports does not mention prior epidural steroid injections at the level of L3-4. In this case, the treating physician documented that the patient has low back that radiates to the lower extremity but the pain is not described in a specific dermatomal distribution to denote radiculopathy or nerve root pain. The provided MRI study does not corroborate the patient's symptoms. Without an imaging study or electrodiagnostic study to corroborate radiculopathy the MTUS guideline recommendations cannot be followed. The current request is not medically necessary.