

Case Number:	CM15-0011313		
Date Assigned:	01/29/2015	Date of Injury:	02/17/2014
Decision Date:	03/23/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/20/2015

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 & Rehabilitation

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 37 year old male who sustained an industrial injury on 02/17/2014. He complains of low back pain that radiates down the bilateral lower extremities. Diagnoses include lumbar sprain/strain, lumbar radiculopathy of the left lower extremity, disc bulge L4-5 and disc bulge L5-S1. Treatment to date has included medications, physical therapy, and acupuncture and chiropractic sessions. A physician progress note dated 11/25/2014 documents the injured worker continues to complain of low back pain, and left buttock pain. His pain level is 3 out of 10. The lumbar spine has decreased tenderness to palpation. Forward flexion is 60 degrees with pain, and lateral bending and rotation are normal but with pain. Straight leg raises left with pain, right without pain. On 12/02/2014 a visit with pain management requests left L4-5 and L5-S1 Transforaminal Epidural using fluoroscopy. On 12/12/2014 Utilization Review non-certified the request for left L4-5 and L5-S1 Transforaminal Epidural using fluoroscopy, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 and L5-S1 Transforaminal Epidural using Fluoroscopy: 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 ESI Page(s): 46-47.

Decision rationale: Based on the 11/04/14 progress report provided by treating physician, the patient presents with increased low back pain to left leg. The request is for LEFT L4-5 AND L5-S1 TRANSFORAMINAL EPIDURAL USING FLUOROSCOPY. Patient's diagnosis per Request for Authorization form dated 11/05/14 included lumbar disc displacement, lumbar radiculitis and lumbar radiculopathy. Physical examination on 11/04/14 revealed tenderness to the left paraspinals, sciatica on flexion at 60 degrees, and positive straight leg raise test on the left. Patient's medications include Ibuprofen and Tylenol. Patient wears a brace. The patient may work modified duty, per treater report dated 11/25/14. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The patient presents with low back pain and radicular symptoms to the left leg. The patient has a diagnosis of lumbar radiculopathy supported by positive straight leg raise test, per physical examination on 11/04/14. No imaging studies were discussed in medical records. However, per UR letter dated 12/12/14, MRI of the lumbar spine performed on 05/03/14 demonstrated "1.2mm posterior disc protrusion at L5-S1 without evidence of spinal stenosis. 2.2mm broad posterior disc protrusion at L4-5 without evidence of spinal stenosis or neuroforaminal narrowing." MTUS requires corroboration of findings with imaging studies that supports a diagnosis of radiculopathy. 1-2mm bulging disc is a normal finding and does not explain the patient's leg symptoms. The request does not meet guideline criteria. Therefore, the request IS NOT medically necessary.