

Case Number:	CM15-0128124		
Date Assigned:	07/14/2015	Date of Injury:	05/16/2010
Decision Date:	08/17/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/02/2015

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, Hawaii
 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 45 year old female, who sustained an industrial injury on 5/16/10. She reported injury to her back and left knee after a trip and fall accident. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar spondylosis, sacroiliac pain and knee pain. Treatment to date has included a TENs unit, physical therapy, a lumbar MRI on 9/10/14 showing an annular tear at L5-S1, an EMG study on 2/21/11 showing L5 and S1 radiculitis, Flexeril, Naproxen and Tramadol. As of the PR2 dated 5/5/15, the injured worker reports over 50% pain reduction in the buttocks and hip following the sacroiliac joint injection she had on 4/21/15. She also has continued low back pain with radiation to the left lower extremity. She rates the leg pain a 7/10 without medications and a 4/10 with medications. Objective findings include a negative Patrick's test, spasms and tenderness over the lumbar paraspinals and a positive straight leg raise test on the left. The treating physician requested a transforaminal epidural steroid injection under fluoroscopy at left L5-S1, conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5 transforaminal epidural steroid injection under fluoroscopy, conscious sedation:
 Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: The patient presents with pain affecting the low back, buttock, and bilateral knees. The current request is for Left L5 transforaminal epidural steroid injection under fluoroscopy, conscious sedation. The treating physician report dated 5/5/15 (83B) states, "MRI showed annular tears at L4/5 and L5/S1 with foraminal stenosis. EMG showed an L5 and S1 radiculopathy". The goal of the epidural injections are to reduce the patient's radicular and discogenic pain and improve function". A report dated 5/29/13 (19B) states, "She was also treated further for her back, with recommendations of epidural steroid injections, which were successful in reducing her pain by about 50% and the pain level reduction lasted about 3-4 months". MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)". Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports provided, show that the patient has received a previous ESI at the L5-S1 level on 12/17/12 and 12/23/14 and experienced a reduction in pain of 50%. In this case, the patient presents with low back pain that radiates down to the left leg. Furthermore, the diagnosis of lumbar radiculopathy is corroborated by an MRI dated 9/10/10 (11B) and an EMG dated 2/21/11 (15B). The current request satisfies the MTUS guidelines as outlined on page 46. The current request is medically necessary.

Left S1 Transforaminal epidural steroid injection under fluoroscopy, conscious sedation:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: The patient presents with pain affecting the low back, buttock, and bilateral knees. The current request is for Left S1 Transforaminal epidural steroid injection under fluoroscopy, conscious sedation. The treating physician report dated 5/5/15 (83B) states, "MRI showed annular tears at L45 and L5S1 with foraminal stenosis. EMG showed an L5 and S1 radiculopathy". The goal of the epidural injections are to reduce the patient's radicular and discogenic pain and improve function". A report dated 5/29/13 (19B) states, "She was also treated further for her back, with recommendations of epidural steroid injections, which were successful in reducing her pain by about 50% and the pain level reduction lasted about 3-4 months". MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)". Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging

studies and/or electrodiagnostic testing. The medical reports provided, show that the patient has received a previous ESI at the L5-S1 level on 12/17/12 and 12/23/14 and experienced a reduction in pain of 50%. In this case, the patient presents with low back pain that radiates down to the left leg. Furthermore, the diagnosis of lumbar radiculopathy is corroborated by an MRI dated 9/10/10 (11B) and an EMG dated 2/21/11 (15B). The current request satisfies the MTUS guidelines as outlined on page 46. The current request is medically necessary.