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| Case Number: | CM14-0141993 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 07/05/2013 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 07/30/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

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:

There were 66 patient pages provided for this review. The application for independent medical review was signed on August 6, 2014. It was for non certification of a lumbar epidural steroid injection L4-L5 and L5-S1 on July 30, 2014. Per the records provided, the patient was injured on July 5, 2013 reportedly from the repetitive duties as a clerk including bending, twisting, occasional squatting, typing, copying and answering phone calls. The diagnoses included lumbago, lumbar radiculopathy, L4-5 grade 1 retrolisthesis, L5-S1 disc extrusion and neural foraminal narrowing and myalgia. The MRI showed at L4-L5 a grade 1 retrolisthesis, disc protrusion and mild bilateral neural foraminal narrowing. At L5-S1 there was a grade 1 retrolisthesis and an 8mm left paracentral disc extrusion impinging on the dissenting left S1 nerve root. There was severe left and moderate severe right neural foraminal narrowing. The findings can be associated with left L5 and left S1 radiculopathy, per the radiologist. As of June 3, 2014, there was intermittent pain in the low back radiating down the legs to the feet. She had been using a TENS unit. She underwent on April 22 the first diagnostic lumbar epidural steroid injection. There was only a three-day drop in pain from 8 to 7 (10%) for about six weeks. The patient noted that the procedure did not reduce her leg pain at all. It did not improve her ability to perform activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injections (ESI's) L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

Decision rationale: The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement and function for 6-8 weeks of 50% following injection, and the outcomes from previous ESI do not meet this criterion. The patient reportedly only had a one level drop in pain level from 8 to 7, or about 10%. The request is not medically necessary and appropriate.