

Case Number:	CM14-0142431		
Date Assigned:	09/10/2014	Date of Injury:	12/13/1989
Decision Date:	10/06/2014	UR Denial Date:	08/18/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 59 year old who sustained a work injury on 12-13-89. On this date the claimant sustained a work injury while lifting. EMG/NCV dated 06/24/09 revealed no evidence of lumbosacral motor root compression, lumbar plexopathy, peripheral entrapment-compression neuropathy or generalized polyneuropathy. MRI dated 5-7-14 shows right foraminal and far lateral recess disc protrusions at L2-3 which causes mass effect on the existing right L2 nerve root, right foraminal and far lateral recess disc protrusion at L3-4 which contacts the exiting right L3 nerve root, effacement of the left lateral recess at L4-5 which causes mass effect on the exiting right L4 nerve root. There is moderate facet arthropathy at L5-S1 with patent spinal canal and neural foramen. Office visit dated 7-8-14 notes the claimant complains of back pain rated at an 8/10 with these medications. Physical examination revealed tenderness at the lumbar spine and facet joints, decreased flexion, decreased extension, and decreased lateral bending. Motor strength, sensory, and deep tendon reflex testing is not indicated in this note. This is a utilization review of a request for a lumbar epidural steroid injection at S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at S1: 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 injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter - epidural steroid injection

Decision rationale: Chronic Pain Medical Treatment Guidelines reflects that in order to perform lumbar epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is an absence in documentation noting this claimant has physical exam findings of radiculopathy. He has no loss of reflexes, no atrophy or physical exam findings that follow the S1 dermatome. The electrodiagnostic testing from 2009 showed no evidence of radiculopathy and most recent MRI shows at L5-S1 patent spinal canal and neural foramen. There is no objective findings of S1 nerve root compression. Therefore, the medical necessity of this request is not established.