

Case Number:	CM13-0024773		
Date Assigned:	11/20/2013	Date of Injury:	10/30/2012
Decision Date:	02/03/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 physician 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:

The patient is a 50 year-old male with a date of injury on 10/30/12. The UR determination of 9/5/13 recommends denial of the epidural steroid injections, requested by [REDACTED], based on the reviewer's assertion that the exam, MRI and EMG findings do not substantiate the presence of radiculopathy at the levels requested. [REDACTED] treatment reports from 2/12/13-9/19/13 were reviewed, with the one from 8/20/13 indicating diagnoses of multi-level C-spine fusion from multiple surgeries; chronic lumbosacral strain, central and multi-level foraminal stenosis of L-spine; residuals of cervical myelopathy, significant cord gliosis involving the majority of the cervical spinal cord. [REDACTED] notes the patient's complaints of neck and low back pain. The patient has lack of motor coordination while walking, and utilizes a cane for balance. Lumbar range of motion is approximately 10% in all planes. He is unable to stand on his toes and heels bilaterally. Sensation is diminished to pinprick over the right foot and lateral aspect of the left foot. Straight leg is painful at 75 degrees bilaterally and patellar/achilles reflexes are hyperactive bilaterally. The MRI report of 11/9/12 notes L1-L2 mild bulging of the posterior annulus with a right foraminal disc protrusion resulting in mild to moderate right foraminal narrowing; L2-L3 diffuse bulging of the posterior annulus with a focal high intensity zone, compatible with an annular fissure. The disc bulge together with facet arthropathy and ligamentum flavum hypertrophy results in moderate central stenosis with moderate bilateral foraminal narrowing; L3-L4 diffuse bulging of the posterior annulus that together with facet arthropathy and ligamentum flavum hypertrophy results in moderate acquired central canal stenosis. Mild to moderate right and moderate-severe left foraminal narrowing is identified. There is a left foraminal disc protrusion that contacts the exiting left L4 nerve root. The EMG of 4/18/13 by Eli

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Injection at the L2, L3 and L4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Injections Page(s): 46-47.

Decision rationale: California chronic pain medical treatment guidelines, criteria for lumbar epidural steroid injections, p. 46-47, requires that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The request presented by [REDACTED] is for multi-level ESI's at L1-L4. While the MRI report of 11/9/12 does show some stenosis and foraminal narrowing at L1-L4, [REDACTED] exam findings do not support a conclusion of radiculopathies at L1-L4, nor do the EMG results provided by [REDACTED]. Straight leg raise at 60 degrees or higher is invalid, and no specific sensory/motor examinations consistent with radiculopathies are seen. The patient has cervical myelopathy and leg symptoms that are expected from this condition. Most importantly, the patient's symptoms appear to be limited to low back. The treater does not describe any radicular symptoms, or pain/paresthesia in a specific nerve root distribution. The patient has myelopathy symptoms with balance and weakness issues, but radiculopathy is not well documented. Therefore the request for Epidural Injection is not medically necessary or appropriate.