

Case Number:	CM13-0028518		
Date Assigned:	11/27/2013	Date of Injury:	11/03/2005
Decision Date:	08/01/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/24/2013

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 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:

The injured worker is a 43 year old male injured on 11/03/05 when he fell on to the floor loading a truck resulting in low back pain. MRI of the lumbar spine on 04/21/10 revealed L3-4 disc protrusion, L4-5 disc protrusion/disc extrusion with thecal sac encroachment and L5-S1 anterolisthesis, disc protrusion, and bilateral nerve root compromise. The injured worker underwent transforaminal epidural steroid injection with reported decrease in pain for several weeks following injection. The injured worker received certification for the second right L4-5, L5-S1 transforaminal epidural steroid injection. The injured worker underwent transforaminal epidural steroid injection on 04/22/13 with 50% decrease in pain; however, clinical documentation did not specify the length of time the injured worker received pain relief. Physical examination revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm, limited cervical range of motion, right shoulder tenderness at the subacromial space and acromioclavicular joint, positive Hawkins and impingement sign, limited right shoulder range of motion, tenderness from the mid to distal lumbar segments, pain with terminal motion and seated nerve root test was positive. The injured worker was also being treated for major depressive disorder, insomnia, male hypoactive sexual desire disorder and psychological factors affecting medical condition. Medications included Tramadol 150mg QD and Lanza gel QID. The initial request for cervical epidural steroid injection/epidurography with anesthesia was non-certified on 09/09/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection/epidurography with anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Epidural Steroid Injections (ESIS) Page(s): 46.

Decision rationale: The physical exam lacked compelling objective data to substantiate a radicular pathology associated with the cervical spine. Per California Medical Treatment Utilization Schedule, a radiculopathy must be documented and objective findings on examination need to be present. Additionally, Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. Further, the level at which the injection would occur was not specified in the request. As such, the request for cervical epidural steroid injection/epidurography with anesthesia cannot be recommended as medically necessary.