

Case Number:	CM13-0032744		
Date Assigned:	03/17/2014	Date of Injury:	08/12/2011
Decision Date:	07/07/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/08/2013

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 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:

The applicant has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 12, 2011. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical agents; unspecified amounts of physical therapy over the life of the claim; functional capacity testing; and extensive periods of time off of work, on total temporary disability. In an Utilization Review Report dated September 5, 2013, the claims administrator denied a request for cervical and lumbar epidural steroid injections. Despite the fact that the applicant was several years removed from the date of injury, the claims administrator stated that there was no evidence of initiation and/or failure of conservative treatment. The applicant's attorney subsequently appealed. A July 1, 2013 progress note is notable for comments that the applicant had persistent complaints of low back, neck, and shoulder pain, 5-7/10. The applicant had tenderness and diminished range of motion about the cervical spine and the shoulder. Positive straight leg raising is noted about the lower extremities. The applicant did have intact neurovascular function about the lower extremities, including symmetric reflexes. Tramadol, Voltaren, Protonix, Flexeril, and Xoten cream were endorsed. Aquatic therapy was also pursued. The applicant was asked to consult an interventional spine specialist to consider epidural injections while remaining off of work, on total temporary disability. On August 5, 2013, the applicant was again described as pending epidural steroid injection therapy. The applicant reported 5-7/10. The applicant was described as reporting shoulder, neck, middle finger, and low back pain. Positive signs of shoulder internal impingement were noted. Positive lumbar straight leg raising was noted. However, the applicant did exhibit symmetric reflex and intact neurovascular function about the upper and lower extremities. The applicant was again placed off of work, on total temporary disability. Earlier cervical MRI (magnetic resonance imaging) of

October 12, 2013 was notable for diffuse degenerative changes and disk protrusions, low grade, of uncertain clinical significance. Lumbar MRI imaging of October 12, 2011 was likewise notable for diffuse disk protrusions and bulges of uncertain clinical significance. In a November 20, 2013, pain management note, it was stated that the applicant had had myriad conservative treatments, including physical therapy and acupuncture. It was stated that the applicant was a candidate for lumbar epidural steroid injection therapy. The applicant did report persistent complaints of low back pain radiating to left leg and had some paresthesias about the same appreciated on exam. It was stated that the applicant would be a good candidate for lumbar epidural steroid injection therapy. It was acknowledged, however, that the applicant's neck pain complaints all appear to be axial in nature. The attending provider stated that the applicant would nevertheless benefit from unspecified interventional spine treatments to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION TO THE LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy. In this case, the applicant does, in fact, have ongoing, active lumbar radicular complaints. There does appear to be some radiographic corroboration for the applicant's radicular complaints, albeit incomplete. The MTUS Chronic Pain Medical Treatment Guidelines, however, does endorse up to two diagnostic blocks. In this case, the request in question, per the applicant's treating providers, does represent a first-time epidural steroid injection which could, then, serve both diagnostic and therapeutic purposes. Therefore, the request is medically necessary

EPIDURAL STEROID INJECTION TO THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electro-diagnostically confirmed. In this case, however, the applicant does not, in fact, have any active radicular complaints. As acknowledged by the applicant's treating providers, her cervical spine complaints are entirely axial in nature. There is no role,

consequently, for epidural steroid injections in this context, even diagnostic blocks. Therefore, the request is not medically necessary.