

Case Number:	CM13-0037952		
Date Assigned:	12/18/2013	Date of Injury:	06/25/2008
Decision Date:	05/21/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/24/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 58-year-old female who reported injury on 06/25/2008. The mechanism of injury was the injured worker was filling out paperwork at her desk when she got up and suddenly lost her balance causing her to twist her right ankle and slip and fall on the tile floor. The diagnosis include sprain of the neck and lumbar region. It was indicated the injured worker had previously undergone epidural steroid injections. The documentation of 08/08/2013 revealed the injured worker had an electrodiagnostic study which revealed no electrical evidence of cervical radiculopathy or brachial plexopathy affecting the C5 through T1 lower motor nerve fibers of the bilateral upper extremities or cervical paraspinals and no electrical evidence of lumbar radiculopathy or plexopathy affecting the upper and lower extremities or the lumbar paraspinals. There was no electrical evidence of generalized peripheral neuropathy affecting the upper and lower extremities. The injured worker underwent an MRI of the cervical spine which revealed at C5 through C6 there was a 3 mm right foraminal disc osteophyte complex resulting in abutment of the exiting right cervical nerve root with a 1 mm midline disc bulge. The injured worker further underwent an MRI of the lumbar spine on 08/05/2013 which revealed at the level of L4 through L5 there was disc desiccation with mild endplate degenerative changes. There was no facet arthropathy there was a posterior annular tear on the right side. There was a posterior annular tear on the left side. There were 2 mm biforaminal disc protrusions resulting in mild narrowing of the neural foraminal bilaterally with mild abutment of the exiting right L4 nerve root. The documentation of 11/07/2013 revealed the injured worker had previously undergone a cervical epidural steroid injection which provided 70% to 80% relief of symptoms at the neck for about 5 to 7 months and the lumbar spine pain was relieved by an epidural steroid injection for 5 to 6 months at 70% to 80% overall pain relief. The injured worker wanted to redo the injections. The physical examination revealed objective findings of decreased range of motion in both the

cervical spine and lumbar spine. The rest of the examination was difficult to read, it was handwritten. The diagnoses included sprain of neck and sprain of lumbar region. The plan included a right c5-c6 transfacet epidural steroid injection and right L4-L5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT C5-C6 TRANSFACET EPIDURAL STEROID INJECTION AND RIGHT L4-L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

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

Decision rationale: California MTUS Guidelines recommend for a repeat epidural steroid injection there should be documentation of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks and documented objective functional improvement. The clinical documentation submitted for review indicated the injured worker had 70% to 80% relief with the prior injections for the cervical spine and lumbar spine for between 5 to 7 months. However, there was a lack of documentation indicating the injured worker had a reduction of medication use for 6 to 8 weeks and there was a lack of documentation of objective functional improvement. The physical examination was handwritten and difficult to read and as such, there could be no establishment of radicular symptoms to support the necessity for repeat injections. Given the above, the request for right C5-6 transfacet epidural steroid injection and right L4-5 transforaminal epidural steroid injection is not medically necessary.