MAXIMUS Federal Services

Case Number:	CM13-0041169		
Date Assigned:	12/20/2013	Date of Injury:	05/09/2011
Decision Date:	03/20/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/10/2013

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 & Rehabilitation, 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:

This is a 46 year-old female who was injured on 5/9/2011. She has been diagnosed with: cervical strain; cervical spondylosis with mild to moderate central and bilateral foraminal stenosis C5/6 with radiculopathy; lumbar strain; mild lumbar spondylosis L3/4 and L4/5; DDD with protrusions and annular tears L4/5 and L5/S1. Right paracentral annular tear L5/S1 adjacent to the right L5/S1 nerve root; bilateral shoulder impingement; bilateral upper extremity overuse injury; bilateral CTS/electrodiagnostic negative; depression. The IMR application shows a dispute with the 10/2/13 UR decision which was from PDI and recommended non-certification for LESI at L4/5 and L5/S1; and CESI at C5/6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 46.

Decision rationale: According to the 9/16/13 report, the patient presents with severe neck and back pain. Subjective complaints of Neck pain radiates to the trapezius and shoulder and upper arm, low back pain radiates to right buttock, posterior thigh and calf. Patient was tearful and depressed. Exam showed normal gait, painful ROM, and normal motor and sensory function in upper and lower extremities. The patient has MRI findings that show foraminal narrowing, but negative exam findings for radiculopathy. MTUS criteria for ESI states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The request for an ESI with negative exam findings for radiculopathy, but positive imaging findings, is not in accordance with MTUS guidelines.

Cervical Epidural Steroid Injection C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 46.

Decision rationale: According to the 9/16/13 report, the patient presents with severe neck and back pain. Subjective complaints of Neck pain radiates to the trapezius and shoulder and upper arm, low back pain radiates to right buttock, posterior thigh and calf. Patient was tearful and depressed. Exam showed normal gait, painful ROM, and normal motor and sensory function in upper and lower extremities. The patient has MRI findings that show foraminal narrowing, but negative exam findings for radiculopathy. MTUS criteria for ESI states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The request for an ESI with negative exam findings for radiculopathy, but positive imaging findings, is not in accordance with MTUS guidelines.