

Case Number:	CM13-0050971		
Date Assigned:	04/25/2014	Date of Injury:	06/08/2007
Decision Date:	06/16/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/13/2013

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 and Rehabilitation 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 patient is a 53 year old female with an injury date of 06/08/07. Based on the 11/15/13 progress report by [REDACTED], and the "Patient demonstrates no new focal dermatomal or myotomal deficits. Continues to have tenderness to palpation upon the paracervicular, paralumbar region. Spurling test is positive bilaterally. Straight leg raise is positive bilaterally." The patient's diagnoses include the following: 1) Cervical pain, upper extremity pain for a patient who is status post previous C5-6 fusion, with evidence of C4-5, C6-7 disc compromise correlating to the patient's clinical symptomatology 2) Lower back pain, lower extremity pain attributed to L4-5 disc compromise, borderline stenosis upon the L4-5 level and concurrent facet joint arthritic changes 3) Bilateral greater occipital neuritis The 11/06/13 MRI of the lumbar spine shows mild levoscoliosis of the lumbar spine and multilevel posterior annular bulges without significant central canal or neural foraminal stenosis. [REDACTED] is requesting for an outpatient bilateral transforaminal epidural steroid injection (ESI) at L4-L5. The utilization review determination being challenged is dated 10/14/13 and recommends denial of the epidural steroid injection. [REDACTED] is the requesting provider and provided treatment reports from 01/04/13- 12/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTION (ESI) AT L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs);. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, (ODG), TREATMENT IN WORKERS COMPENSATION, 2013, WEB-BASED EDITION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46-47.

Decision rationale: According to [REDACTED] 11/15/13 progress report, the patient presents with neck pain, lower back pain, upper extremity pain, and lower extremity pain. The request is for outpatient bilateral transforaminal epidural steroid injection (ESI) at L4-L5. The 11/15/13 progress report continues to state that "The patient demonstrates no new focal dermatomal or myotomal deficits. Continues to have tenderness to palpation upon the paracervical, paralumbar region. Spurling test is positive bilaterally. Straight leg raise is positive bilaterally." In reference to an epidural steroid injection, MTUS guidelines state, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The 11/06/13 MRI does not display any significant central canal or neural foraminal stenosis. In the absence of a clear dermatomal distribution pain corroborated by an imaging and an examination demonstrating radiculopathy, ESI is not indicated. Recommendation is for denial.