

Case Number:	CM13-0059894		
Date Assigned:	12/30/2013	Date of Injury:	11/06/2012
Decision Date:	06/26/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic Surgeon, has a subspecialty in Foot and Ankle Surgeon, 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 injured worker is a 36-year-old male who reported an injury on 11/06/2012. The mechanism of injury was lifting. Per the evaluation note dated 12/12/2013, the injured worker reported mid to lower neck pain that was constant, and rated 6-7/10. Low back pain was present most of the time and was rated 7/10. Intermittent pain of the plantar aspect of the right foot was present and rated 5/10. Constant right shoulder and upper arm pain was present. The injured worker attended chiropractic and acupuncture treatments; chiropractic care produced some improvement. Upon physical exam the injured worker was noted to have decreased sensation in the L4, L5, and S1 dermatomes of the right leg. Motor strength was decreased to the right arm and right leg. The electrodiagnostic study done on 05/16/2013 reported a normal study. The injured worker was found to have decreased range of motion to the lumbar spine, flexion was 35 degrees, extension was 10 degrees, and right and left lateral flexion was equal at 10 degrees. Tendon reflexes were 2+ bilaterally to the upper and lower extremities. Passive straight leg raise was positive on the right at 60 degrees and positive on the left at 50 degrees producing 7-10/10 midline lower back pain. Lasegue's and Braggard's test were also positive for the lower back. The diagnoses reported for the injured worker included multilevel disc herniation of the cervical spine, right shoulder impingement syndrome with probable rotator cuff tear, lumbar radiculopathy, cervical radiculopathy, lumbar disc herniation at L5-S1, and thoracic sprain/strain. The MRI of the lumbar spine dated 06/30/2013 reported degenerative disc disease and facet arthropathy with L5-S1 central protrusion and annular fissure contacting the bilateral S1 nerve roots. The Request for Authorization of medical treatment for the right-sided transforaminal epidural steroid injection at L5-S1 was dated 09/23/2013; however, the provider's rationale for the request was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SIDED TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L5-S1:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid inject.

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

Decision rationale: Per the CA MTUS Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment, no more than 2 nerve root levels should be injected using transforaminal blocks, no more than 1 interlaminar level should be injected at 1 session. The documentation reported a positive straight leg raise; however, there was no documentation of decreased sensation, numbness, tingling, or radiation of pain into the bilateral lower extremities. The guidelines state radiculopathy must be documented; however, the EMG was reported to be normal with no radiculopathy noted. The MRI reported degenerative disc disease and facet arthropathy with L5-S1 central protrusion and annular fissure contacting the bilateral S1 nerve roots; this was unchanged from a previous study. There was a lack of documentation regarding physical therapy sessions or a home based exercise program regarding the lumbar spine. Therefore, the request for the right-sided transforaminal epidural steroid injection at L5-S1 is not medically necessary.