

Case Number:	CM14-0004850		
Date Assigned:	01/24/2014	Date of Injury:	07/25/2010
Decision Date:	06/23/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology Pain Medicine and is licensed to practice in Florida. 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 62 year old male with an injury reported on 07/25/2010. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/07/2014, reported that the injured worker complained of severe activity dependent neck pain with radiculopathy to both hands, left greater than right with weakness. The physical examination findings reported severe mechanical axial back pain with radiculopathy. The clinical note dated 06/11/2013 reported, MRI scan of the lumbar spine revealed L3-S1 levels, with bilateral foraminal stenosis, left greater than right causing compression of the L4-S1 nerve roots. The injured worker's diagnoses included prior cervical fusion C4 to C6; cervical disc herniation C3 to C5 with bilateral foraminal stenosis and central stenosis; lumbar disc herniation with foraminal stenosis L3 through S1. The request for authorization was submitted on 01/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR L5-S1 INTERLAMINAR EPIDURAL INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 48.

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

Decision rationale: The request for lumbar L5-S1 interlaminar epidural injection is non-certified. The injured worker complained of severe activity dependent neck pain with radiculopathy to both hands, left greater than right with weakness. It was also noted that an MRI scan of the lumbar spine revealed L3-S1 levels, with bilateral foraminal stenosis, left greater than right causing compression of the L4-S1 nerve roots. According to the California MTUS guidelines for epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There is a lack of clinical evidence of the injured worker being unresponsive to exercises and physical therapy. There is also a lack of clinical information provided on the injured worker's prescribed medication list and their efficacy on his pain. Also the MRI copy was not available in clinical documentation. Moreover, there was a lack of documentation indicating the injured worker had significant physical exam findings of radiculopathy on the most recent note. Therefore the request is not medically necessary and appropriate.