

Case Number:	CM14-0106851		
Date Assigned:	07/30/2014	Date of Injury:	06/18/2008
Decision Date:	09/16/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine and 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 52-year-old male with a reported date of injury on 06/18/2008. The mechanism of injury was a motor vehicle accident. His diagnoses were noted to include cervical myelopathy, multiple disc herniations of the cervical spine, thoracic spine, and lumbar spine, facet arthropathy of the cervical and lumbar spine, and cervical and lumbar radiculopathy. His previous treatments were noted to include surgery, physical therapy, chiropractic treatment, and acupuncture. The unofficial MRI scan of the cervical spine performed 08/31/2011 revealed C3-4, 1 to 2 mm disc protrusion. C6-7, 1 to 2 paracentral disc protrusion. The unofficial report of the lumbar MRI scan dated 11/08/2013 revealed a combination of broad based disc to the left paracentral to foraminal extending L3-4 disc protrusion measuring 3.8 mm into the central canal, effacing the thecal sac, slightly dorsally displacing the proximal left L4 nerve root and encroaching into the lower aspects of the left L3-4 neural foramina where it does not abut upon or compress the exiting left L4 nerve and a superimposed upwardly extending left lateral recess L3-4 disc extrusion, extending behind the lower left L3 vertebral body. The neurological testing performed 11/19/2013 revealed no electrical evidence of lumbar radiculopathy or plexopathy affecting the L3 through S1 lower motor nerve neurofibers of the bilateral lower extremities or the corresponding lumbar paraspinals. No electrical evidence of generalized peripheral neuropathy affecting the bilateral lower extremities. The progress note dated 05/15/2014 revealed the injured worker complained of neck and back pain rated 6/10 and complained of radiation of pain and numbness down both of his arms into his hands. The injured worker revealed that most of his pain was in left foot rated 7/10. The injured worker indicated he was taking Norco 5/325 mg twice a day, gabapentin 300 mg daily, and Lidopro cream as well as Wellbutrin, Ativan, and Asentra from his psychiatrist. The injured worker revealed the medications helped to minimize his pain by approximately 30% and he was able to increase his

daily activities due to the medication. The physical examination of the spine revealed tenderness to palpation and decreased range of motion. There was decreased sensation in the left C6-7 dermatomes and the left L4, L5 and S1 dermatomes. The motor strength was rated 4/5 to the left deltoids, biceps, internal and external rotators, wrist extensors and flexors, 4+/5 on the right. The lower extremity motor function was rated 4+/5 to the right tibialis anterior, EHL, inversion, plantar flexion and eversion. The left tibialis anterior, EHL, inversion, plantar flexion and eversion was rated 4+/5. There was a positive straight leg raise test on the left lower extremity with radiating symptoms to the foot. There was a positive Spurling's test to the right inferior deltoid. The Request for Authorization form dated 05/15/2014 was for a transforaminal epidural steroid injection to the left L4, L5 and S1 nerve roots, interlaminar epidural steroid injection to C4-5 and C6-7; however, the provider's rationale was not submitted within the medical records. the Request for Authorization dated 05/15/2014 was for ongoing follow-ups for pain management and general orthopedic complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Steroid Injection (TLESI): Upheld

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

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

Decision rationale: The request for a transforaminal lumbar epidural steroid injection (TLESI) is non-certified. The injured worker has canal stenosis at L3-4 and L4-5, and neuroforaminal narrowing at L3-4 and L4-5. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborated findings of radiculopathy). The guidelines' criteria for the use of epidural steroid injection is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injection should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. 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. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The clinical findings were consistent with radiculopathy in a specific dermatomal distribution and corroborated by the MRI, however, the request failed to provide the levels at which the epidural steroid injection was to be injected and whether fluoroscopy was to be used for guidance. Therefore, the request is non-certified.

Interlaminar Cervical Epidural Steroid Injection (CESI): Upheld

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

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

Decision rationale: The request for an interlaminar cervical epidural steroid injection (ESI) is non-certified. The MRI of the cervical spine dated 08/31/2011 revealed C3-4 1 to 2 mm disc protrusion and C6-7 1 to 2 mm left paracentral disc protrusion. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborated findings of radiculopathy). The guidelines' criteria for the use of epidural steroid injection is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injection should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar should be injected at 1 session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. There was a decreased sensation to the left C6-7 dermatomes, as well as decreased motor strength to the left deltoids, biceps, internal and external rotators, wrist extensors and flexors, 4+/5 on the right. The deep tendon reflexes were not documented within the medical records. However, there was a positive Spurling's test on the right. The clinical findings were consistent with cervical radiculopathy. However, the cervical MRI did not show definitive cervical radiculopathy, which does not warrant an epidural steroid injection. Additionally, the request failed to provide the level at which the steroid is to be injected whether the injection was to be used with fluoroscopic guidance. Therefore, the request is non-certified.

Pain management follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

Decision rationale: The request for a pain management is non-certified. The injured worker complains primarily of pain to the right foot rated 7/10. The CA MTUS/ACOEM Guidelines recommend for patients with ankle and foot complaints they may have an initial followup every

3 to 5 days with a midlevel practitioner or physical therapist who can provide counseling about avoiding static positions, medication use, activity modification, and other concerns. Care should be taken to answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be done on site or by telephone to avoid interfering with modified or full work activities. Physician followup is appropriate when released to a modified, increased, or full duty work is needed, or after appreciable healing or recovery is expected. Later physician followup might be expected every 4 to 7 days if the patient is off work, and every 7 to 14 days if the patient is working. The injured worker indicated he also had cervical and lumbar pain radiating to all 4 extremities. However, the injured worker primarily complained of pain to his left foot, to which he sees a podiatrist. Therefore, followup with pain management is not appropriate at this time. Therefore, the request is non-certified.

General ortho follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

Decision rationale: The request for a general ortho followup is non-certified. The injured worker complains primarily of pain to the right foot rated 7/10. The CA MTUS/ACOEM Guidelines recommend for patients with ankle and foot complaints they may have an initial followup every 3 to 5 days with a midlevel practitioner or physical therapist who can provide counseling about avoiding static positions, medication use, activity modification, and other concerns. Care should be taken to answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be done on site or by telephone to avoid interfering with modified or full work activities. Physician followup is appropriate when released to a modified, increased, or full duty work is needed, or after appreciable healing or recovery is expected. Later physician followup might be expected every 4 to 7 days if the patient is off work, and every 7 to 14 days if the patient is working. The injured worker indicated he also had cervical and lumbar pain radiating to all 4 extremities. However, the injured worker primarily complained of pain to his left foot, to which he sees a podiatrist. Therefore, follow-up with general orthopedist is not appropriate at this time. Therefore, the request is non-certified.