MAXIMUS Federal Services

Case Number:	CM14-0015175		
Date Assigned:	06/20/2014	Date of Injury:	07/28/2011
Decision Date:	08/11/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/06/2014

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 Internal Medicine 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:

Pain Management consult report November 27, 2013 was provided: Reason for consultation: 1. Mid and upper back pain. 2. Neck and upper extremity pain with numbness and tingling. 3. Low back and right leg pain with numbness and tingling. Date of injury was 07-28-2011. Interval history: The patient returns reporting recurrent pain in multiple areas including the neck, upper extremity, mid back, low back, and right leg pain. I originally saw the patient on April 26, 2012. I have administered an epidural steroid injection of the thoracic and lumbar spine in 2012. As a direct result, the patient reported greater than 50% reduction of his pain for several months thereafter. He was able to increase his activity and reduce his opioid analgesic significantly. The patient has tried a variety of other conservative measures including courses of physical therapy and anti-inflammatory medications without benefit. He uses topical Dendracin pain relief lotion and he reports a significant reduction of his pain and increased function as a result. He also takes Norco 10/325 three to four times a day. He still reports significant muscle spasm despite topical Dendracin and Norco. The patient currently reports that the most severe pain is in the mid back region radiating into both chest walls associated with numbness and tingling of the chest aggravated by any type of movement of the upper body, coughing, and deep breathing. He also reports pain in the low, back radiating down the right leg all the way to the foot and is associated with numbness and tingling and occasional weakness to the point his right leg will give out. The pain was so severe that he went to the emergency room on November 7, 2013 where he was evaluated and treated with Toradol with minimal relief. Physical Examination: Neck: Cervical range of motion is reduced. Erector, capitis, and trapezius muscles are tender predominantly on the right. Chest: Thoracic spine is midline. There ia severe tenderness along the T5, T6, T7, and T8 interspinous ligaments and thoracic paraspinous level muscles. Lumbar Spine: There is severe reduction of lumbar range of motion with forward flexion limited to less

than 10 degrees, right and left rotation limited to less than 10 degrees, and extension at 0. On palpation, there is tenderness over both lumbar paravertebral and gluteal muscle, but substantially more on the right than the left. There are areas of focal muscle induration of thoracic and lumbar spines. Straight leg raising test is positive in the supine position on the right leg to 30 degrees and negative on the left leg to 60 degrees. Extremities: On visual inspection, there is slight atrophy of the right upper extremity and right lower extremity, multiple muscle groups. The patient has weakness diffusely in the right upper and right lower extremity in all muscle groups. The right patellar and Achilles tendons are absent compared to the left which is 1+. Gait is severely antalgic to the right and the patient uses a cane to walk. MRI September 23, 2011: MRI of the lumbar spine. At L5-S1, there is lumbar disc herniation 5 mm in AP direction by 14 mm in sagittal direction. There is also a 2-mm disc bulge at L1-L2. MRI of the cervical spine reveals anterolisthesis of C4 on C5, a 2-mm disc herniation at C4-C5, a 2-mm disc herniation at C5-C6, and 2 mm disc osteophyte complex at C6-C7. MRI of the thoracic spine shows 4-mm disc herniation at T6-T7, 3-mm disc herniation at T7-T8, and 2.5mm disc herniation at T5-T6. There is a 2-mm disc bulge at T3-T4 and T4-T5. These bulges are' noted to come close to the cord but there is no direct compression of the cord. Assessment: (1) Thoracic radiculopathy secondary to thoracic disc herniation T6-T7 aa confirmed by MRI study of September 23, 2011. (2) Cervical radiculopathy secondary to multilevel cervical disc injury as confirmed on the MRI study of the cervical spine of September 23, 2011. The most significant injuries are most likely C4-5, C5-C6 and C6-7. (3) Recurrent lumbar radiculopathy L5/S1 status post anterior disc replacement at L5/S1 in 2006. Recommendations: (1) Repeat thoracic epidural steroid injection T6-T7 with fluoroscopic imaging. Patient has a documented thoracic disc herniation. He has tried other conservative treatments without benefit. The patient has neurosensory deficits along the involved dermatomes. The patient reported greater than 50% reduction of his pain for six weeks/following the previous thoracic epidural steroid injection and a reduction of his opioid analgesics. (2) Repeat lumbar epidural steroid injection L5-S1. The patient has documented-disc herniation at L5-S1 which results in spinal stenosis. The patient reported greater than 50% reduction of pain, improvement of function, and decreased opioid analgesics as a result of prior lumbar epidural steroid injections. Utilization review decision date was 01-30-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs), page 46

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 46) addresses Epidural steroid injections (ESIs). Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of 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). Pain Management consult report November 27, 2013 by [redacted] documented radicular pain,

radiculopathy on physical examination, corroborated by MRI. Patient was unresponsive to conservative treatment, including physical therapy and medications. Patient had positive effect from previous epidural steroid injections.Medical records support the medical necessity of epidural steroid injection, in accordance with Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines.Therefore, the request for Lumbar epidural steroid injectionis Medically Necessary.