

Case Number:	CM14-0019821		
Date Assigned:	05/16/2014	Date of Injury:	09/18/2009
Decision Date:	07/28/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/18/2014

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 & 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 injured worker is a 39-year-old male who reported injury on 09/18/2009. The mechanism of injury was not provided. The clinical note dated 01/14/2014 noted the injured worker presented with neck and low back pain. Prior treatment included Norco, naproxen, and Soma for pain relief. Upon examination, there was a constant aching in the low back with throbbing pain into the bilateral lower extremities, cervical right upper trapezius pain with tightness, numbness to the upper extremity in the 3rd, 4th, and 5th fingers, pain rated 9/10, sciatic notch painful to palpation bilaterally, tenderness sacroiliac joint, positive Patrick sign to the left, tenderness over the paraspinal to the left, and a positive straight leg raise to the left. Sensation is diminished in the L4 dermatome to the foot. Diagnoses were cervicalgia, disturbance of skin sensation, myalgia and myositis, unspecified, degeneration of lumbar or lumbosacral intervertebral disc, lesion of ulnar nerve, carpal tunnel syndrome, cervical radiculitis, degeneration of cervical intervertebral disc, and insomnia, unspecified. The provider recommended an interlaminar ESI of the L5 to S1 under fluoroscopy and conscious sedation. The provider stated the injured worker continued with neck and low back pain and increase in low back and left SI joint pain with left lower extremity radicular symptoms, and a decline in physical exam with weakness, diminished sensation, decreased reflexes, decreased range of motion, positive Patrick's and Gaenslen's sign and a positive straight leg raise on the left. Based on those findings and a recent increase in pain medication they are requesting Epidural Steroid Injection (ESI). The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar ESI L5-S1 under fluoroscopy and conscious sedation: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An 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 no information on improved function. The criteria for use for ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injection should be used performing fluoroscopy, and no more than 2 root levels should be injected using transforaminal block. The included medical documents note radicular symptoms, weakness, diminished sensation, and an increase of pain medications. However, radiculopathy must be documented by physical examination and corroborated by imaging studies. Imaging studies were not included in the provided documentation for review. The documentation does indicate an increase in pain medication; however, it does not state the injured worker's unresponsiveness to other conservative treatment measures such as physical methods, and there is a lack of a complete and accurate pain scale in relation to the efficacy of the medication. As such, the request is not medically necessary.