

Case Number:	CM14-0112880		
Date Assigned:	08/01/2014	Date of Injury:	11/11/2011
Decision Date:	10/08/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/21/2014

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 49 year old male who reported an injury on 11/11/2011 due to a fall. His diagnoses were listed as lumbar radiculopathy, right leg pain, and lumbar muscle strain. The past treatment included medications and a cervical collar. The diagnostic study noted was an EMG which was noted to have evidence of C5 and C6 radiculopathy with acute denervation, and an MRI of the cervical spine on 04/27/2012 which was noted to reveal multilevel disc protrusion/extrusion, which narrows the canal. The cervical cord was significantly flattened at several levels. There was also noted to be severe right-sided foraminal stenosis at C5-C6 and C6-C7. His surgical history included a bilateral knee arthroscopy in 2004 and 2005, and on 12/14/2012 he had an anterior cervical discectomy and fusion C3-7. On 07/24/2013, the injured worker complained of low back pain and rated it a 3/10 on a VAS. He denied numbness or tingling of the lower extremities. His current relevant medications were listed as norco and crestor. The treatment plan was to refill medications, physical therapy up to 12 times per year, and epidural steroid injections up to three times a year. The rationale for the request was not provided. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine translaminar epidural steroid injection to the L4-5 right with use of sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 8th edition (web), 2010

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

Decision rationale: The request for lumbar spine translaminar epidural steroid injection to the L4-5 right with use of sedation is not medically necessary. The California MTUS may recommend epidural steroid injections as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. 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 guidelines state that in order for the use of epidural steroid injections the patient must have been initially unresponsive to conservative treatment like exercises, physical methods, NSAIDs, and muscle relaxants. The injections should be performed using fluoroscopy for guidance. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker was noted to have pain rated at a 3/10 with no numbness or tingling. His past treatment included medications and a cervical collar. In the absence of documentation with evidence of failed conservative care, objective neurological deficits in a dermatomal distribution, and absence of imaging studies to corroborate radiculopathy to the lumbar area the request is not supported. Additionally, as the request is written there is no fluroscopy for guidance included. Therefore, the request is not medically necessary.