

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0168710 | | |
| Date Assigned: | 10/16/2014 | Date of Injury: | 10/03/2012 |
| Decision Date: | 11/26/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/13/2014 |

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, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient is a 37 is a male presenting with an injury on 10/03/2012. On 09/17/2014, the patient complained of cervical spine pain rated 7-8/10. The pain radiated to the bilateral upper extremities. The patient also complained of lumbar and thoracic spine pain. The physical exam showed tenderness on the bilateral cervical, thoracic and lumbar spine, positive cervical spine compression and Spurling's test, positive straight leg raise bilaterally, decreased range of motion of the cervical, thoracic and lumbar spine. The patient was diagnosed with cervical sprain and strain, lumbar spine strain and sprain with degenerative disc disease and bilateral lower extremity radiculopathy and thoracic sprain and strain with degenerative disc disease and mild congenital spinal canal stenosis. MRI of the lumbar spine from 11/14/2012, showed six non rib-bearing, lumbar vertebral bodies with the last as a transitional vertebra bilaterally, MRI of the cervical spine showed C5-6 2 mm midline disc protrusion with a mild degree of central narrowing. The patient had 12 chiropractor therapy visits, 16 acupuncture visits and 24 physical therapy visits. A claim was placed for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5 transforaminal epidural steroid injection with fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: Left L5 transforaminal epidural steroid injection with fluoroscopic guidance is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The physical exam did indicate lumbar radiculitis with positive straight leg raise bilaterally; however the MRI results does not corroborate lumbar radiculitis and is not consistent with the physical exam.