

Case Number:	CM14-0169335		
Date Assigned:	10/17/2014	Date of Injury:	04/23/2012
Decision Date:	11/19/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/14/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 56 year old male with an injury date of 04/23/12. The 06/11/14 progress report by [REDACTED] states that the patient presents with constant sharp cervical spine pain radiating into the upper extremities with associated headaches that are migrainous in nature as well as tension between the shoulder blades. Pain is rated 6/10. The patient also presents with constant stabbing lower back pain with radiation to the lower extremities rated 9/10. There is also constant sharp right shoulder pain that is worsening and is rated 8/10. The patient is noted to be retired. Examination of the cervical spine shows palpable paravertebral muscle tenderness with spasm. The following tests are positive: axial loading compression and Spurling's maneuver. There is palpable tenderness of the paravertebral muscles of the lumbar spine with spasm and there is tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot, L5 and S1 dermatomal patterns. Examination of the shoulder shows tenderness around the anterior glenohumeral region and subacromial space. Hawkins and impingement signs are positive. The patient's diagnoses include:-Pain, hip/pelvis-Cervicalgia-Pain, shoulder-Join Pain l/leg-Pain, ankle/foot-LumbagoThe 03/21/14 operative report for lumbar steroid epidural L4-L5 under fluoroscopic guidance is included. The utilization review being challenged is dated 09/18/14. The rationale is that even though the 03/21/14 ESI provided more than 50% pain relief there is no objective documented pain relief, increased function of decreased need for medications. Reports were provided from 05/30/13 to 07/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 and L5-S1 Transforaminal Steroid Injection #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46 47.

Decision rationale: The patient presents with cervical spine pain with associated headaches radiating to the upper extremities, "lower back pain radiating to the lower extremities with tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot, L5 and S1 dermatomal patterns. " The treater requests for Injection: Right L4-L5, L5-S1 transforaminal steroid injection #2. MTUS pages 46 and 47 state that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. Criteria for use include, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." MTUS also states repeat blocks should include at least 50% pain relief for six to eight weeks. The reports provided show the patient received a prior ESI for L4-L5 on 03/21/14. None of the treatment reports provided discuss the outcome of this procedure. The 09/18/14 utilization review states, "The claimant has had prior epidural steroid injection on 03/21/14 which provided more than 50 percent of relief." In this case, examination indicates lower back radiculopathy. No corroborating imaging studies or EMG/NCV tests are provided. The patient received a prior ESI at the right L4-L5. The reports provided do not document the benefit of this procedure to the patient except for the utilization review and the utilization review does not state how long the patient received relief. In this case, there is not sufficient documentation per MTUS to support the request. Therefore, the Right L4-L5 and L5-S1 Transforaminal Steroid Injection #2 are not medically necessary and appropriate.