

Case Number:	CM14-0023715		
Date Assigned:	06/16/2014	Date of Injury:	05/21/2012
Decision Date:	08/11/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/25/2014

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 Neurological Surgery 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 40-year-old female who was reportedly injured on 5/21/2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 5/28/2014, indicated that there were ongoing complaints of neck pain, left upper extremity pain, back pain with left lower extremity pain. The physical examination demonstrated cervical spine positive tenderness to palpation at C6-C7; tenderness to palpation left trapezius, range of motion limited due to pain and decreased sensation on the left C6-C7 dermatome. Lumbar spine had muscle spasm noted at L4-S1 and tenderness to palpation at L4-S1. The patient's range of motion was limited due to pain. The patient had decreased sensation along L5 dermatome in the left lower extremity. Her left side straight leg raise was positive at 70. Diagnostic imaging studies included a magnetic resonance image (MRI) of the thoracic spine which revealed negative MRI of the thoracic spine. An MRI of the cervical spine revealed lateral disc protrusion at C5-C6 and C6-C7. Previous treatment included medications and conservative treatment. A request had been made for lumbar epidural steroid injection and was not certified in the pre-authorization process on 2/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. An epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehabilitation efforts, including continuing a home exercise program. After reviewing the medical records provided, it was noted the injured worker did complain of low back and radiating left lower extremity pain, as well as physical examination findings to include decreased sensation along L5 dermatome. However, there was no diagnostic study corroborating findings of radiculopathy. Therefore, the request is not medically necessary.