

Case Number:	CM14-0024268		
Date Assigned:	06/11/2014	Date of Injury:	05/19/2011
Decision Date:	08/20/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/26/2014

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, has a subspecialty in Pain Medicine 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 38-year-old female who reported an injury on 05/19/2011 due to repetitive motion at work. Prior treatment included physical therapy, TENS unit, hot and cold therapies, acupuncture, deep tissue massage, and trigger point injections. The injured worker reported an epidural steroid injection in 2011 but failed to note the level at which the injection was performed or the outcome. It was noted she had a right side C5-C6 epidural steroid injection on 07/05/2011 with a reported 70% improvement to cervical pain but no change in range of motion. An MRI of the cervical spine on 05/09/2011 showed a 4.5 x 7.3 mm AP disc protrusion encroaching at the left lateral recess at C5-6. In addition, she underwent an EMG/NCV of the right upper and lower extremities which had normal findings. An MRI of the lumbar spine was performed on 09/23/2013, which revealed some signal change at the L3- L4 and L4-L5 levels suggesting early desiccation and degenerative changes of the discs. There was no frank disc herniation or nerve root compression noted at any location. Additionally, there was an annular lesion which was not producing any significant nerve root compression. On 04/17/2014, the provided noted the injured worker had a positive right leg straight leg raise and a negative left straight leg raise test. Her diagnoses included lumbar degenerative disc disease, lumbar radiculitis, muscle spasm, and muscle/ligament. She further stated that her activities had decreased and the pain increased. The injured worker's medications included Cymbalta, Lyrica, Lunesta, Percocet, and Zanaflex. She stated that her conservative care to date has not provided any improvement and that her condition has worsened. Her pain level is 5/10 on the pain scale. The signs and symptoms of radiculopathy have been intermittent. The physician was requesting a bilateral L3-4 epidural steroid injection due to the weakness and dysethesia within those specific dermatomes. The request for authorization form was not provided with these documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L3-4 EPIDURAL STEROID INJECTION: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: The request for bilateral L3-4 epidural steroid injections is not medically necessary. The California MTUS Guidelines recommend this procedure as an option for treatment of radicular pain and recommend no more than 2 epidural steroid injections. The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing as well as, the injured worker should be initially unresponsive to conservative treatment. Furthermore, injections should be performed using fluoroscopy for guidance and no more than 2 nerve root levels should be injected using transforaminal blocks. Additionally, no more than one interlaminar should be injected at one session. Within the documentation, the MRI of the lumbar spine revealed no frank disc herniation or nerve root compression noted at any location, and there was an annular lesion which was not producing any significant nerve root compression. The injured worker had a positive right leg straight leg raise and a negative left straight leg raise test. There was lack of documentation indicating the injured worker had significant findings of neurologic deficit. Furthermore, the MRI of the lumbar spine that was performed revealed no findings which would corroborate findings of neurologic deficit; however, the physician did not provide an official MRI report. As such, this request is not medically necessary.