

Case Number:	CM14-0030559		
Date Assigned:	08/29/2014	Date of Injury:	08/13/2013
Decision Date:	09/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/07/2014

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 37 year old female who reported injury on 08/13/2013 related to a fall. Diagnoses included brachial neuritis or radiculitis. The past treatments included physical therapy and acupuncture. An MRI of the lumbar spine, dated 11/26/2013, revealed that L2-3 had a right paramedial broad based disc bulge, without significant spinal canal or neural foraminal narrowing, L3-4 had a minimal broad based disc bulge without significant spinal canal or neural foraminal narrowing, and L4-5 and L5-S1 both had a broad based disc bulge without significant spinal canal or neural foraminal narrowing. An MRI of the cervical spine, dated 10/25/2013, revealed an unremarkable C3-4, and minimal broad based disc bulge at the levels of C5-6 and C6-7, without significant spinal canal or neural foraminal compromise. Surgical history was provided. A letter from the injured worker reported complaints of pain, and tingling and numbness to the hands, feet, legs, and bottom. The injured worker had tenderness to her upper extremities from the back of her head to her upper back and she reported her neck cracked and hurt at all times. There was numbness to her hands and fingers, low back pain with numbness to her lower extremities when seated, and numbness to her toes at all times. There was no clinical information submitted from the requesting provider to indicate the rationale for the request or the previous courses of treatment. Medications were not listed. The treatment plan 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:

Cervical Epidural Steroid Injection C3-4: Upheld

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

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

Decision rationale: The request for cervical epidural steroid injection C3-4 is not medically necessary. The injured worker complained of tenderness from the back of her head to her upper back and pain when moving her neck or arms. No physical exam was noted in the documentation provided for review. The California MTUS guidelines indicate the criteria for ESI includes documentation of radiculopathy on physical exam in the applicable dermatomal distribution with corroborative findings of radiculopathy, supported by imaging or electrodiagnostic testing, and a failed response to conservative treatment. There was no clinical information submitted from the requesting provider to indicate the rationale for the request or the previous courses of treatment. There was no documentation of a physical exam to confirm radiculopathy to the C3-4 dermatomal distribution. There was no evidence upon imaging which supported the presence of neurologic deficit at the C3-4 level. Due to the lack of evidence of radiculopathy originating at the C3-4 level, the request for a C3-4 epidural steroid injection is not supported at this time. Therefore the request is not medically necessary.

Lumbar Epidural Steroid Injection L2-5: Upheld

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

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

Decision rationale: The request for cervical epidural steroid injection L2-L5 is not medically necessary. The injured worker complained of low back pain with numbness to her lower extremities when seated, and numbness to her toes at all times. No physical exam was noted in the documentation provided for review. The California MTUS guidelines indicate the criteria for ESI includes documentation of radiculopathy on physical exam in the applicable dermatomal distribution with corroborative findings of radiculopathy, supported by imaging or electrodiagnostic testing, and a failed response to conservative treatment. The guidelines also state, that no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. There was no clinical information submitted from the requesting provider to indicate the rationale for the request or the previous courses of treatment. There was no documentation of a physical exam to confirm radiculopathy to the L2-5 dermatomal distribution. The MRI of the lumbar spine did not support the L2-5 compromise, as the MRI noted no significant spinal canal or neural foraminal narrowing at all lumbar intervertebral levels and no neural abutment. The request for a lumbar spine epidural steroid injection to L2-5 include three intervertebral levels and the guidelines do not recommend injections at more than 2 levels in one session. Due to the lack of evidence of radiculopathy originating at the L2-5 levels, and the request for three intervertebral levels to be

injected, the request for a L2-5 epidural steroid injection is excessive and not supported at this time. Therefore the request is not medically necessary.