

Case Number:	CM14-0037062		
Date Assigned:	06/25/2014	Date of Injury:	07/17/2013
Decision Date:	09/09/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/27/2014

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 Neurology, 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 (IW) is a 35 year-old right-hand-dominant male. Records indicate a date of injury as 7/7/2013 when the IW was struck in a side-impact motor vehicle collision. The IW reported immediate pain in his neck and stiffness to his back and was taken to the emergency room for assessment. X-rays and CTs of cervical spine and pelvis were taken but the results of these tests were not included in the medical reports provided for this review. The IW was released to home care and provided Ibuprofen and muscle relaxants. A Primary Treating Physician's (PTP) report dated 9/17/2013 indicates that the IW continued to experience back spasms, pain in the neck and pain in the low back radiating into the mid back. Later PTP report indicates that the low back complaints have become severe and increase with deep breathing or sneezing and radiate to the buttocks. The diagnoses are Cervical Spine and Lumbar Spine Myoligamentous Sprain/Strain. Medical reports indicate that physical therapy was prescribed but there is no documentation indicating that the recommended therapy has been tried. The PTP report of 9/27/2013 indicates that Tramadol 150 mg XR (daily as needed for severe pain) and Flexeril 7.5 mg were prescribed, and this treatment has continued as indicated in the treatment plan from the 12/6/2013 PTP report. The treatment plans of 12/6/2013 and 10/25/2013 also recommended a lumbar spine MRI to rule out disc herniation. There are no records or discussion of results of diagnostic studies particular to the lumbar spine provided for this review. Physical examinations recorded in the PTP reports dated 12/6/2013; 11/8/2013; 10/25/2013 and 9/17/2013 indicate that the IW demonstrates loss of lumbar spine range of motion with increased pain on flexion (30 degrees), extension (0 degrees) and lateral bending bilaterally (10 degrees). Moderate tenderness and slight spasm in the lumbar paravertebral muscles is noted. Neurological examinations demonstrate normal reflexes, sensation, and motor strength

bilaterally in both upper and lower extremity, with no muscle atrophy noted. Specific tests for radicular pathologies and nerve compromise specific to the lumbar spine have been consistently observed as "negative" in each of the four medical reports provided. A request for right lumbar (L5) Epidural Steroid Injection x 2 was submitted on 3/7/2014 and was denied in a Utilization Review (UR) dated 3/14/2014. (Note: UR was not included in the documents provided for this independent medical review).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at Right L5 x2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS states that Epidural Steroid Injections (ESI) may be recommended as a treatment option for radicular pain. Radicular pain is evidenced as pain in a dermatomal distribution which correlates with neurological finding of radiculopathy. The criteria for ESI use requires that evidence for radiculopathy be demonstrated by physical examination and corroborated by imaging and/or electrodiagnostic studies. The medical reports submitted for this review do not provide sufficient physiological evidence for radicular pain pathology. The neurological findings are absent for specific dermatomal symptoms corroborating any radicular pathology, and there have been no results of imaging or other appropriate diagnostic studies provided to demonstrate radiculopathy. Secondly, the MTUS states that there should be evidence that conservative treatments, such as Physical Therapy, Exercise, Muscle Relaxants and Non-Steroidal Anti-Inflammatory medication have been unsuccessful. There is no documentation or history provided in the medical reports indicating that the injured worker has attempted nor completed the recommended physical therapy. The treatment plans do not indicate that a home exercise program or other active treatment has been recommended. The MTUS specifically states that ESIs are indicated to reduce pain and inflammation and to restore range of motion with the specific purpose of facilitating progress in more active treatment programs. ESI treatment alone for radicular lumbosacral pain has not been shown to improve impairment of function. Furthermore, there is no indication in the documents provided that the ESI (x2) are requested for diagnostic purposes. Since the submitted documentation neither substantiates radiculopathy nor provides evidence of attempted/failed conservative treatment modalities and since the treatment plans provided do not indicate any other purpose for the injections if not to treat the IW's pain complaints, medical necessity of the requested L5 epidural steroid injection (x2) is not established. Therefore, the request is not medically necessary.