

Case Number:	CM14-0047002		
Date Assigned:	07/02/2014	Date of Injury:	12/26/2011
Decision Date:	08/20/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/15/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant is status post work-related injury on 12/26/11 while working as a driver when his truck was struck by a car. Treatments included physical therapy and medications. He underwent two cervical spine epidural injections with temporary relief ultimately undergoing a multilevel anterior cervical decompression and fusion on 07/10/13. He continues to be treated for chronic neck and low back pain and radiculopathy. An MRI of the lumbar spine on 01/24/12 is referenced as showing an L2-3 disc herniation with mild to moderate right and mild left foraminal stenosis and multilevel disc space narrowing with an L5-S1 disc herniation. Lower extremity EMG/NCS testing on 02/15/12 had shown findings of a right L2-L3 lumbar radiculopathy. He was seen on 10/14/13. He was having low back pain radiating into both lower extremities with numbness and tingling. Pain was rated at 3-6/10. He reported being limited in his ability to ambulate and was having difficulty sleeping. Physical examination findings included moderately decreased lumbar spine range of motion with pain and paraspinal myofascial and vertebral tenderness with paraspinal muscle spasms. There was decreased lower extremity sensation and strength. Recommendations included a caudal epidural steroid injection with use of fluoroscopy. He was seen on 02/03/14. He was having neck pain radiating into the left upper extremity and low back pain radiating into the left lower extremity. Pain was rated at 5-7/10 and increased with activity and had worsened since his last visit. Physical examination findings included lumbar spine tenderness with moderately decreased and painful range of motion. There was decreased lower extremity sensation and strength with a positive left straight leg raise reproducing radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (Unspecified Level and approach): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 179, Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The claimant is now more than 2 years status post work-related injury and continues to be treated for chronic neck and low back pain and radiculopathy. Epidural steroid injections are recommended as an option for the treatment of radicular pain. The three approaches most commonly used are caudal, interlaminar, and transforaminal. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant has both MRI and EMG/NCS evidence of radiculopathy with physical examination findings of decreased lower extremity strength and sensation and positive straight leg raising. Prior conservative treatments have included physical therapy and medications. This request is for an epidural steroid injection to be performed at the caudal level under fluoroscopy. The criteria are met and the requested epidural steroid injection is therefore considered medically necessary.