

Case Number:	CM14-0049281		
Date Assigned:	06/25/2014	Date of Injury:	07/27/2011
Decision Date:	07/25/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and Nevada. 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 50 year old male who sustained injury to his neck and low back as a result of a slip and fall on 7/27/11. On the date of injury he was reported to have fallen backwards sustaining injuries to his neck and low back. There was no documented loss of consciousness. On 05/29/13 radiographs of the lumbar spine showed a grade 1 spondylolisthesis at L4-5 and L5-S1 at bilateral pars defect at L5. MRI of the cervical spine dated 05/17/12 indicated degenerative disc disease and facet arthropathy. There was moderate to severe canal stenosis at C3-4 and C4-5. Moderate canal stenosis at C5-6 and C6-7. There was no evidence of distortion of the cervical cord. There was evidence of neural foraminal narrowing at C3-4 on the left, C5-6 on the right, C6-7 on the left and right, and C7-T1 on the left. MRI of the lumbar spine dated 10/04/11 which noted disc desiccation in the mid and lower lumbar spine without significant protrusion. There was a mild broad bulge on the left side at L2-3 but without significant neural foraminal encroachment. There was degenerative facet arthrosis at L4-5 and L5-S1 most prominent on the right. Per clinical note dated 01/17/14 the injured worker continued to report back pain and neck pain graded 9/10 on the visual analog scale. The injured worker had not worked since 2012. The injured worker was taking Norco 10 325 six tablets per day. Terocin patches helped with his pain and allowed him to decrease his oral medications. On physical examination change that the claimant subjectively reported low back pain radiating into the feet with occasional numbness. The injured worker reported neck pain radiating down his left arm to the finger with occasional numbness. On examination he had diffuse tenderness to palpation in the cervical spine and lumbar spine with spasms appreciated. Cervical and lumbar range of motion were both reduced. Upper and lower sensation is intact. Bilateral wrist flexors and triceps were graded 5-/5. Left extensor hallucis longus 4+/5. Bilateral TA, INV, and right extensor hallucis longus 5-/5 reflexes were normal at both the upper extremities and lower

extremities. Straight leg raise provoked low back pain only. There was a negative Hoffman sign. Utilization review determination dated 03/06/14 non-certified the requests for hydrocodone 10 325mg #186 per day, outpatient right L5-S1 transforaminal epidural steroid injection, and Terocin patch #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right L5-S1 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

Decision rationale: The request for Outpatient right L5-S1 Transforaminal Epidural Steroid Injection is not medically necessary. The submitted clinical records indicate that the injured worker has complaints of low back pain radiating into the lower extremities the submitted imaging studies do not provide any data establishing that there is a neurocompressive lesion or lateralizing disc herniation that would result in radiculopathy. Additionally in evaluating the injured worker examination he does not have substantive findings with clearly indicate the presence of an active lumbar radiculopathy. As such the request cannot be supported as medically necessary.