

Case Number:	CM14-0053287		
Date Assigned:	07/07/2014	Date of Injury:	11/22/2009
Decision Date:	09/05/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/21/2014

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 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 patient is a 55-year-old female with 11/22/09 date of injury, sustained due to repetitive tasks performed at work. MRI report of lumbar spine dated 09/21/12 shows a mild to-3 mm disk bulging at L4-5 eccentric to the right, mild foramina narrowing. However no neural contact and no canal or lateral recess stenosis. At L5-S1 there is a 2 to 3-mm bulging eccentric to the left, with mild left foraminal narrowing without neural contact, no central canal stenosis or foraminal narrowing. There was a slight desiccation at L4-5 and L5-S1 and nerve root sleeve cyst at L1-3, mild facet arthropathy at lower 3 levels. MRI cervical spine dated 06/13/13 shows the claimant is status post anterior cervical discectomy and fusion at C5-C7. Evidence of decompressive left C7 laminectomy. At C4-C5 2-mm central disk protrusion, at C6-C7 left neural foramen is not visualized due to the susceptibility artifact. There is mild discogenic spondylosis at C4-5 and C7-T1 with reversal of lordosis. Orthopedic evaluation report dated 04/02/14 states low back pain levels at 7/10 and left leg pain 4/10. Objective findings include diminished motor strength of left extensor hallucis longus, and diminished sensation to pinprick over left lateral calf and dorsum of foot. Visit note dated 04/09/14 states patient complains of low back pain and left shoulder pain. Pain radiates to the arm (tingling), elbow, forearm, hand and neck, moderate in severity, sharp and burning. Low back pain radiates to left buttock, left posterior thigh and left calf, moderate in intensity and following. The patient claims it started 2 years ago. Objective findings include 2/4 biceps 2/4 triceps reflexes, paresthesia upper arm, limited range of motion, cervical range of motion left and right 45 degrees. On palpation pain is it's over the right thoracic paraspinal muscles and left superior medial latissimus dorsi. Deep tendon reflexes: 1/4 left and right patellar, limited active range of motion with the left and right lateral bending. Positive left leg straight raise test. Current medications include OxyContin, Ibuprofen, Ambien, and Cymbalta. The patient underwent a course of chiropractic treatment with temporary relief. The

diagnoses include shoulder pain, low back pain, radicular syndrome of lower limbs. Request is for left L4-S1 epidural steroid injection and left cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-S1 Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections Page(s): 46.

Decision rationale: The previous adverse determination was reviewed. The patient has diminished patellar reflexes as well as pain and diminished sensation in left posterior thigh and left calf. In addition there is a positive straight leg raise test on the left. Radicular patterns correspond to L4 and L5 roots, depending on the character of disc herniation. With these findings, the request for lumbar epidural steroid injection at L4-S1 is medically reasonable, as the patient has tried conservative treatment options with questionable benefits. Therefore, this request is medically necessary.

Left Cervical Epidural Steroid Injection: Upheld

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

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

Decision rationale: The examination findings for cervical complaints do not establish the medical necessity for a cervical epidural injection, as no dermatomal correlation and respective motor-sensory deficits have been described. Negative Spurling's has been noted per 03/19/2014 report. Therefore, this request is not medically necessary.