

Case Number:	CM14-0076819		
Date Assigned:	07/18/2014	Date of Injury:	03/17/2012
Decision Date:	08/25/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/27/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 34-year-old male who reported an injury on 03/17/2012. Prior treatments include epidural steroid injections. The medications included Relafen, Desyrel and Prilosec as well as tramadol ER 150 mg. The mechanism of injury was the injured worker was driving a tractor trailer on a freeway while it was raining and another truck on the right side hit the injured worker's truck causing his truck to jack knife. The documentation indicated the injured worker underwent x-rays of the right shoulder, neck and low back and had imaging studies of the right shoulder, back and head. Additionally, the injured worker had electrodiagnostic testing of the right upper and bilateral lower extremities. The testing was performed on 02/11/2014 and showed mild carpal tunnel entrapment neuropathy of the right wrist involving the median motor and sensory division and there was no evidence of cervical radiculopathy, lumbar radiculopathy, radial entrapment, neuropathy, or ulnar entrapment neuropathy. The examination of 02/27/2014 revealed it was opined the injured worker was a candidate for epidural steroid injections. Diagnostic studies included lumbar discopathy most pronounced at L4-5 with a normal EMG (Electromyography), cervical discopathy without solid EMG findings of positive radiculopathy, mild carpal tunnel neuritis, headaches, rotator cuff tear right shoulder, gastrointestinal upset from chronic use of NSAIDS and ongoing vertigo and dizziness. The treatment plan included an epidural steroid injection in the lumbar L5 region and postoperative physical therapy, a rotator cuff repair, and a possibility of a carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Block with right L-5 Transforaminal Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, ESIs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78 Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there is documentation of radiculopathy upon physical examination that is corroborated by imaging studies and/or electrodiagnostic testing and that has been unresponsive to conservative care including physical therapy, NSAIDS and muscle relaxants. The clinical documentation submitted for review failed to provide documentation of an objective examination supporting radiculopathy. The EMG/NCV failed to support a diagnosis of radiculopathy. There was no MRI submitted for review to support radiculopathy and there was a lack of documentation that the injured worker had failed conservative treatment. Given the above, the request for caudal epidural block with right L5 transforaminal block is not medically necessary.