

Case Number:	CM14-0097765		
Date Assigned:	07/28/2014	Date of Injury:	10/11/2012
Decision Date:	10/27/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/25/2014

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 Occupational 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:

Injured worker is a male with date of injury 10/11/2012. Per pain management follow up visit note dated 4/22/2014, the injured worker complains of neck pain, lower back pain and left shoulder pain. He rates the pain at 6/10 and describes it as aching. The pain radiates to the right leg. He states medications are helping. He tolerates the medications well and his pain symptoms are adequately managed. Quality of sleep is normal. He is approved for 8 sessions of physical therapy. On examination gait is normal without the use of a device. Cervical spine range of motion is restricted with flexion to 30 degrees, extension to 30 degrees, right lateral bending to 20 degrees and lateral rotation the right to 20 degrees. Paravertebral muscles reveal spasm, tenderness and tight muscle band is noted bilaterally. Lumbar range of motion is restricted with flexion limited to 50 degrees and extension limited to 10 degrees. On palpation of the paravertebral muscles there is tenderness on the right side. Straight leg raising test is positive on the right side at 45 degrees in sitting position. Light touch sensation is decreased over C5-6 dermatome and L5-S1 dermatomes on the left side. Diagnoses include 1) brachial neuritis or radiculitis not otherwise specified 2) thoracic or lumbosacral neuritis or radiculitis not otherwise specified 3) sprains and strains of neck 4) sprains and strains of lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal ESI (Epidural Steroid Injection) to the right L4 lumbar or sacral spine, with imaging guidance (fluoroscopy or computed tomography (CT)): Upheld

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

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

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria, including radiculopathy being documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. The injured worker is reported to having his pain symptoms managed adequately with medications, and has 8 sessions of physical therapy approved. The injured worker has therefore not failed conservative treatment at this point in his care. The MTUS Guidelines criteria for epidural steroid injections include no more than two nerve root levels should be injected using transforminal blocks, and the requesting physician is requesting three nerve root levels. The request for Transforaminal ESI (Epidural Steroid Injection) to the right L4 lumbar or sacral spine, with imaging guidance (fluoroscopy or computed tomography (CT)) is determined to not be medically necessary.

Transforaminal ESI (Epidural Steroid Injection) to the right L5 lumbar or sacral spine, with imaging guidance (fluoroscopy or computed tomography (CT)): Upheld

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

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

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria, including radiculopathy being documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. The injured worker is reported to having his pain symptoms managed adequately with medications, and has 8 sessions of physical therapy approved. The injured worker has therefore not failed conservative treatment at this point in his care. The MTUS Guidelines criteria for epidural steroid injections include no more than two nerve root levels should be injected using transforminal blocks, and the requesting physician is requesting three nerve root levels. The request for Transforaminal ESI (Epidural Steroid Injection) to the right L5 lumbar or sacral spine, with imaging guidance (fluoroscopy or computed tomography (CT)) is determined to not be medically necessary.

Transforaminal ESI (Epidural Steroid Injection) to the right S1 lumbar or sacral spine, with imaging guidance (fluoroscopy or computed tomography (CT)): Upheld

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

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

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria, including radiculopathy being documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. The injured worker is reported to having his pain symptoms managed adequately with medications, and has 8 sessions of physical therapy approved. The injured worker has therefore not failed conservative treatment at this point in his care. The MTUS Guidelines criteria for epidural steroid injections include no more than two nerve root levels should be injected using transforaminal blocks, and the requesting physician is requesting three nerve root levels. The request for Transforaminal ESI (Epidural Steroid Injection) to the right S1 lumbar or sacral spine, with imaging guidance (fluoroscopy or computed tomography (CT)) is determined to not be medically necessary.