

Case Number:	CM14-0104825		
Date Assigned:	07/30/2014	Date of Injury:	10/05/2009
Decision Date:	03/03/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old female sustained an injury to the neck, back, and wrists on October 5, 2009. The mechanism of injury was not included in the provided medical records. Past treatment included cold/heat, rest, massage, physical therapy, electrodiagnostic studies of the bilateral upper extremities, diagnostic imaging, lumbar epidural injections, and pain, sleeping, muscle relaxant, migraine, and hormone replacement medications. In April 2010, the injured worker underwent a lumbar fusion of L5-S1. On June 6, 2014, the treating physician noted the injured worker complained of constant, stabbing, exhausting, burning, sickening, sharp, dull, aching, throbbing, weakness, tender and tiring pain of multiple sites with radicular pain of the upper and lower extremities. The treating physician noted that cervical and lumbar MRIs were performed in November 2013. The cervical MRI revealed moderate spinal stenosis and indenting of the spinal cord at C5-8. The documentation describes of the findings of the lumbar MRI as abnormal. The physical exam revealed decreased but equal deep tendon reflexes on the upper and lower extremities. The cervical and lumbar/sacral exam revealed tenderness to palpation of the paraspinals and mildly decreased range of motion. The left straight leg raise was positive, toe and heel walking were abnormal, and posture was normal. There were left lumbar spasms and decreased left lower extremity strength. The sensory exam revealed decreased sensation to pin-prick of left C5, and decreased sensation to light touch of the bilateral lower extremities. The upper and lower carpal tunnel release were decreased but equal. Diagnoses were lumbago, thoracic/lumbosacral neuritis or radiculitis, cervicgia, intervertebral lumbar and cervical disc disorder with myelopathy, and degenerative lumbar/ lumbosacral and cervical intervertebral disc.

Other diagnoses included migraine, depression, chronic fatigue, restless leg syndrome, and irritable bowel syndrome. The physician recommended an increased dose of pain medication, a muscle relaxant, and continuing with conservative treatment to include a home exercise program, moist heat, and stretches; transforaminal epidural steroid injection at L4-L5 and L5-S1, and cervical epidural steroid injection at C5-6. The injured worker's current work status was not included in the provided medical records. On June 24, 2014, Utilization Review non-certified a prescription for a left transforaminal epidural steroid injection for L4-L5 and L5-S1 requested on June 6, 2014. The transforaminal epidural steroid injection was non-certified based on lack of evidence of radiculopathy along the L4-5 and L5-S1 levels and no imaging evidence to support the presence of lumbar radiculopathy. The level(s), laterality and the patient's functional response to the prior lumbar epidural steroid injection were not provided. In addition, there is a concomitant request for a cervical epidural steroid injection. The guidelines state that cervical and lumbar epidural steroid injections should not be performed on the same day. Doing both injections on the same day may result in an excessive steroid dose, which can be dangerous and not worth the risk for a treatment that has no long-term relief. The California Medical Treatment Utilization Schedule (MTUS) Guideline (epidural steroid injection) ESIs, Low Back Complaints and Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Transforaminal Lumbar Epidural Steroid Injection L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Criteria for use of epidural s. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Low Back Lumbar & Thoracic (Acute & Chronic): Epidural steroid injections (ESIs), therapeutic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no evidence that the patient has been unresponsive to conservative treatments. Furthermore, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. There is no clear documentation of radiculopathy at the level of L4-S1. Therefore, Left Transforaminal Lumbar Epidural Steroid Injection L4-L5, L5-S1 is not medically necessary.