

Case Number:	CM14-0135004		
Date Assigned:	08/29/2014	Date of Injury:	10/27/2011
Decision Date:	03/24/2015	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/21/2014

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. 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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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:

The injured worker is a 33-year-old female who reported an injury on 10/27/2011. The mechanism of injury was not provided. Her diagnoses include displacement of thoracic or lumbosacral intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, lumbago, cervicgia, and brachial neuritis or radiculitis. Past treatments were noted to include lumbar surgery, cervical disc replacement, and acupuncture. An MRI of the cervical spine was noted to reveal mild desiccation of the C6-7 disc space with a small central 1 to 2 mm disc bulge. A lumbar CT scan was performed and noted to reveal post anterior interbody fusion at L4-5 and L5-S1. On 07/14/2014, it was indicated the injured worker had complaints of back pain that she rated 90%, radiculopathic leg pain 10%. She indicated she had low back pain above her bilateral buttock, which she rated 8/10. She also indicated that she had occasional radiating numbness and pins and needles sensation along her bilateral legs that she rated 4/10. It was also indicated that she rated her neck pain as 50%, shoulder pain 50%. She reported that she had numbness and tingling sensation along her bilateral fingertips. Upon physical examination, it was indicated the injured worker had abnormal strength to the cervical and lumbar spine. It was indicated her motor strength to her bilateral upper extremities measured 4-/5 to 5-/5, and to her lower extremities which measured 3/5 to 5/5. Her deep tendon reflexes to her upper extremities were decreased, measuring 1/2. It was noted she had decreased sensation over the right and left leg at the L5-S1 distribution. Relevant medications were not included in the report. The treatment plan was noted to include epidural steroid injections to the cervical and lumbar spine, chiropractic therapy, acupuncture therapy, massage therapy, Medrol Dosepak, and

physical therapy. A request was received for Selective nerve root block at bilateral L4-5 and cervical selective nerve root block, bilateral C6-7 with no rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve root block at bilateral L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Low Back Procedure Summary

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

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections are to reduce pain and inflammation, thereby facilitating the progress in an active therapeutic exercise program. The guidelines also indicate that the criteria for the use of epidural steroid injections are: documentation noting radiculopathy on physical examination and corroborated by imaging studies, unresponsiveness to previous conservative treatment to include exercises, physical methods, NSAIDs, and muscle relaxants; and cervical and lumbar epidural steroid injections are not to be given on the same day. The guidelines further indicate that these injections are to be given with fluoroscopic guidance. The clinical documentation submitted for review indicated that the injured worker had radiculopathy; however, it was not corroborated by imaging study. Additionally, it was not noted that the injured worker had failed previous conservative therapy to include exercises, physical methods, NSAIDs, and muscle relaxants. Moreover, the request does not specify that the injection is to be given with the guidance of fluoroscopy. Consequently, the request is not supported by the evidence based guidelines. Furthermore, lumbar and cervical epidural steroid injections are not to be given on the same day. As such, the request for selective nerve root block at bilateral L4-5 is not medically necessary.

Cervical selective nerve root block, bilateral C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Low Back Procedure Summary

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

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections are to reduce pain and inflammation, thereby facilitating the progress in an active therapeutic exercise program. The guidelines also indicate that the criteria for the use of epidural steroid injections are: documentation noting radiculopathy on physical examination and corroborated by imaging studies, unresponsiveness to previous conservative treatment to include exercises, physical methods, NSAIDs, and muscle relaxants; and cervical and lumbar epidural steroid

injections are not to be given on the same day. The guidelines further indicate that these injections are to be given with fluoroscopic guidance. The clinical documentation submitted for review indicated that the injured worker had radiculopathy as was corroborated by the imaging studies. However, there is no documentation noting the unresponsiveness to conservative treatment. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify that the injection is to be given with fluoroscopic guidance. As such, the request for cervical selective nerve root block, bilateral C6-7.