

Case Number:	CM14-0186876		
Date Assigned:	11/14/2014	Date of Injury:	01/10/2011
Decision Date:	01/12/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/10/2014

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 Anesthesia, has a subspecialty in Acupuncture and 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 64-year-old individual who sustained an injury on 01/10/11 due to cumulative trauma. The patient had lumbar laminectomy in 1982, and a left L4-L5 transforaminal epidural steroid injection on 07/21/14. The patient reported 60-80 percent improvement for approximately 5-6 weeks with a decrease in the radicular symptoms, and was able to ambulate greater distances with greater ease. Magnetic Resonance Imaging (MRI) of the cervical spine dated 06/27/14, documented that at C4-C5, there was 2mm midline disc protrusion with a mild degree of central canal narrowing. There was a mild biforaminal uncovertebral bony hypertrophy. At C5-C6, there was disc desiccation with endplate degeneration. There was a broad 2mm midline disc protrusion with a mild degree of central canal narrowing. There was a biforaminal uncovertebral bony hypertrophy, which was resulted in narrowing of the neural foramen, bilaterally, with abutment of the exiting cervical nerve roots, bilaterally. At C6-C7, there was disc desiccation endplate degeneration noted with 3 mm broad-based midline disc protrusion with mild degree of central canal narrowing. There was a mild bilateral uncovertebral narrowing. According to the report dated 09/30/14, the patient complained of neck pain which was rated at 9/10, the pain was described as unchanged with muscle soreness. The patient also complained of low back pain which was rated at 7/10 radiating to the left lower extremity with numbness sensation. Review of systems documented normal. Physical examination revealed an antalgic gait. Cervical spine examination showed a decreased lordosis. There was moderate tenderness with muscle spasm noted over the paravertebral musculature and left trapezius muscle and rhomboid muscle. The axial head compression test and Spurling's sign were positive on the left. There was facet tenderness over the C4-C7 levels. The range of motion (ROM) was restricted on the bilateral flexion at 20/30 degrees, bilateral extension at 50/60 degrees, and right rotation at 60/70 degrees. The upper extremity examination showed no tenderness, swelling, and edema. The shoulder

ROM was limited on the left and normal on the right. There was a left shoulder pain in the acromioclavicular joint and supraspinatus tendon. The impingement sign was positive on the left shoulder. Other shoulder special tests were negative. The elbow and wrist planes of ROM were within normal limits. Other elbow and wrist special tests were negative. The Jamar grip strength testing were 22/20/20 on the right and 14/14/14 on the left. The sensation was intact as to pain, temperature, light touch, vibration and two-point discrimination in all dermatomes. The upper extremity muscle testing revealed 4/5 on the left shoulder abductors (C5) and left elbow flexors (C5, 6). The upper extremity reflexes showed 1+ for the left brachioradialis. Lumbar spine examination showed a well-healed surgical scar. There was diffuse tenderness over the paravertebral musculature with spasm. There was moderate facet tenderness over the L4-S1 levels. The Piriformis test was negative bilaterally. There was positive sacroiliac tenderness on the left. The Fabere's test, Yeoman's test, and Sacroiliac Thrust test were positive on the left and were negative on the right. The Kemp's test was positive bilaterally. The seated SLR test was positive on the left at 70 degrees. The supine SLR test was positive on the left at 60 degrees. The Farfan's test was positive bilaterally. The lumbar ROM was limited which included lateral bending at 25/30 degrees on the right and 15/30 degrees on the left, flexion at 60/70 degrees bilaterally, and extension at 10/20 degrees. There was no swelling, tenderness, and effusion. The hip, knee, and ankle planes of ROM were within normal limits. The knee special tests were all negative and there was no evidence of instability. The sensation was decreased in the left L4 dermatome as to pain, temperature, light touch, vibration and two-point discrimination, otherwise, intact in all other derma tomes. The lower extremity muscle testing showed 4/5 on the left knee extensors (L4) and left hip flexors (L2, L3). Lower extremity DTRs was diminished. The patient was diagnosed with cervical disc disease, cervical radiculopathy, cervical facet syndrome, left shoulder impingement, status post lumbar laminectomy, lumbar facet syndrome, and lumbar radiculopathy. Treatments to date included activity modifications, physical therapy, chiropractic manipulative therapy, interferential unit, medication, rest and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second diagnostic left L4-L5 transforaminal epidural steroid injection: Overturned

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 Injections Page(s): 46.

Decision rationale: Per the MTUS guidelines epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are no more than 2 ESI injections. Physical exam demonstrates diminished DTRs and strength in the relevant dermatomes, there is documented improvement in function, particularly ambulation. The pain reduction was of the appropriate magnitude and duration as demanded by MTUS for repeating the epidural steroid

injection. The injured worker was suffering greater pain from her cervical condition, and so her maintenance of medication at the same level could be justified by that fact. The request is medically necessary.

Left C5-C6 transfacet epidural steroid injection along with a left C6-C7 selective epidural with catheterization: Overturned

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 Injections Page(s): 46.

Decision rationale: Per the MTUS Guidelines epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The documentation demonstrated reduced strength and sensation and diminished DTRs in UEs on the most recent note which documented the physical exam of the upper extremities. Exam findings were noted on the 8/19/14 record. This involved the shoulder and elbow region on the left side which is concordant with the MRI findings. The request is medically necessary.