

Case Number:	CM14-0193730		
Date Assigned:	12/01/2014	Date of Injury:	02/16/2012
Decision Date:	01/13/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal Medicine and is licensed to practice in New York. 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:

On 2/16/12, this 45 year old male sustained injury when he was rear-ended by a van and he was not wearing a seatbelt. He immediately felt neck and low back pain. He was seen the same day and diagnosed with lumbar sprain/strain. He was managed conservatively with medications including Naproxen, Omeprazole and Orphenadrine. In addition he had six physical therapy visits resulting in 50% relief of symptoms; chiropractic treatments which improved his neck symptoms but not his back pain; 16 pool therapy sessions which gave him 40-50% improvement in his back symptoms. The patient was on modified duty with no bending, twisting, lifting pulling or pushing limited to 10 pounds. A cervical MRI (6/25/12) a 2 mm right foraminal disc protrusion with abutment of the existing right cervical nerve root at C5-6; lumbar MRI (6/25/12) revealed 5 mm left foraminal disc protrusion at L4-5, at L5-S1 a 4mm right paracentral and right foraminal disc protrusion; electrodiagnostic studies were normal. As of 5/27/14 the injured worker continued to complain of throbbing low back pain which radiates bilaterally to the legs and foot with tingling sensation in the toes. The pain level is 6-7/10. There is diffuse tenderness noted over the paravertebral musculature. He also complains of intermittent neck pain with radiation to bilateral shoulders down the arms with numbness in hands and fingers. On physical exam there is moderate cervical muscle tenderness and spasm noted. Cervical and lumbar ranges of motion were abnormal. He takes Tramadol for pain. Laboratory studies were done to determine current level of prescription medication. On 6/23/14 the injured worker received lumbar epidural steroid injections and on 8/18/14 received cervical epidural steroid injections (ESI). He received 50-60% relief with cervical ESI and 50% improvement with lumbar pain with a decrease in radicular symptoms from the 6/23/14 lumbar ESI. His current pain level is 4/10. A second right C5-6 ESI is requested. PR-2's dated 5/7/14 and 10/24/14 respectively are illegible. The injured worker has not worked since April 2012. On 11/12/2014 Utilization Review non-

certified 2nd right L5-S1, right S1 and left L4-5 transforaminal epidural steroid injection and 2nd right C5-6 transforaminal steroid injection based on a note indicating failure of conservative care without evidence of the documented failed therapy. In addition there are no imaging studies of the neck or lumbar region to support the anatomic level to the dermatome in question. More than 2 levels in the lumbar region are requested and also are not supported for more than 2 levels at one sitting. The guidelines used were MTUS Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd right L5-S1, right S1 and left L4-L5 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The review has indicated that the claimant has radiculopathy on the basis of his subjective findings and MRI findings. Per California MTUS Guidelines epidural steroid injections are recommended as an option for treatment of radicular pain. The Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular cervical pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In this case there is no documentation of failure of conservative care or recent imaging studies of the neck to support the anatomic level to the dermatome in question. In addition the claimant did not achieve prolonged pain relief from prior epidural steroid injection therapy. Medical necessity for the requested cervical steroid injection has not been established. The requested treatment is not medically necessary.