

Case Number:	CM14-0195683		
Date Assigned:	12/03/2014	Date of Injury:	05/26/2012
Decision Date:	04/21/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	11/21/2014

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: 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:

The injured worker is a 39 year old female, who sustained an industrial injury on 5/26/2012. She was diagnosed as having cervicalgia, lumbar radiculopathy and sprain/strain thoracic region. Treatment to date has included medication management, physical therapy, and diagnostics. Per the Follow-up visit report dated 10/29/2014 the injured worker reported neck pain, lower back pain and right shoulder pain. Pain is rated as 6/10 and is described as aching and toothache-like. It radiated to the right arm, right forearm, right hand and right shoulder blade. She states the medications help. Physical examination revealed restricted range of motion of the cervical and lumbar spine. Power of biceps is documented as 4/5 on the right and 5/5 on the left, triceps is 4/5 on the right and 5/5 on the left, knee flexor is 4/5 on the right and 5/5 on the left, knee extensor is 4/5 on the right and 5/5 on the left, shoulder external rotation is 4/5 on the right and 5/5 on the left and shoulder internal rotation is 4/5 on the left and 5/5 on the right. There was decreased light touch sensation to the medial calf, lateral calf and medial forearm on the right side. The plan of care included magnetic resonance imaging (MRI), injections, bracing and medications. Authorization was requested for right sided transforaminal epidural steroid injection at L4, L5 and S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided transforaminal epidural injection at L4, L5, and S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Right sided transforaminal epidural injection at L4, L5, and S1 is not medically necessary.