

Case Number:	CM14-0202714		
Date Assigned:	12/15/2014	Date of Injury:	10/28/1999
Decision Date:	03/12/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/04/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 70 year old female who suffered an industrial related injury on 10/28/99 after stepping off of a step and experiencing pain. The treating physician's report dated 8/15/14 noted the injured worker had complaints of low back and neck pain. The injured worker had previously received injections with minimal relief. The injured worker was taking Tramadol, Celebrex, and Tylenol. A MRI was noted to have revealed disk and facet degeneration at C3-7 and hyperlordosis, disk protrusion at C3-4 with moderate to severe central stenosis, and narrowing and mild central stenosis to varying degrees at C4-7. Diagnoses included low back pain, cervical spine pain, lumbar radiculitis radiculopathy, lumbar disc displacement, lumbosacral degenerative disc disease, and brachial neuritis. The treating physician's report dated 9/22/14 noted the injured worker was participating in physical therapy which was helping her back more than her neck. Numbness down the left arm into her left hand was noted as well as neck and low back pain. Pain in the left subscapular region was also noted. The physical examination revealed trigger points and muscle spasms along the lumbar spine bilaterally and along the cervical spine and trapezius. Range of motion was normal in all planes. Numbness was reported in the first 3 digits of her left and L5 dermatome of the left leg below the knee. The motor examination was 5/5 in bilateral upper extremities. Reflexes were symmetric in the upper extremities. On 12/2/14 the utilization review (UR) physician denied the request for lumbar L4-5 epidural steroid injection x1 under fluoroscopic guidance. The UR physician noted the medical records did not reveal objective signs of radiculopathy reproduced on examination. A straight leg raise test was not performed. Additionally the imaging study did not demonstrate evidence of neural impingement.

It was noted previous injections were provided but the medical records did not specify what type of injections were administered. Due to insufficient information, physical exam findings, and lack of impingement on MRI the requested treatment was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar L4-L5 epidural steroid injection x1, under fluoroscopic guidance: 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 Injection Page(s): 47.

Decision rationale: Regarding the request for lumbar epidural steroid injection/selective nerve root block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Within the documentation available for review, there are objective examination findings supporting a diagnosis of radiculopathy. This is documented in a progree note from 12/3/14, and there is a straight leg raise and diminished reflexes as mentioned in the treatment section of this note. Additionally, there is stenosis noted at L4-5 on a lumbar MRI from August 2013. Therefore, given this clinical picture, the currently requested lumbar epidural steroid injection is medically necessary.