

Case Number:	CM14-0204523		
Date Assigned:	12/16/2014	Date of Injury:	01/01/2010
Decision Date:	02/11/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/08/2014

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, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 52-year-old woman with a date of injury of 01/01/2010. A treating physician note dated 11/13/2014 identified the mechanism of injury as overuse while working at a desk position, resulting in pain in the neck, lower back, and arms. This note and a treating physician note dated 10/16/2014 indicated the worker was experiencing lower back pain, neck pain, and leg weakness. Documented examinations consistently described tenderness in the upper back/neck with muscle spasms, decreased motion in the upper back joints, a painful walking pattern, and tenderness in the lower back with muscle spasms. The submitted and reviewed documentation concluded the worker was suffering from cervical and lumbar disk displacements, brachial neuritis or radiculitis, cervical pain, lumbar radiculitis/radiculopathy, lower back pain, scoliosis, myositis, and post-cervical laminectomy syndrome. Treatment recommendations included oral pain medications, medications injected near the spinal nerves, physical therapy, a core exercise program, oral pain medication changes, and follow up care. A Utilization Review decision was rendered on 12/01/2014 recommending non-certification for a transforaminal epidural steroid injection (TFESI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar TFESI under fluoroscopy guidance (unknown levels): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46.

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing lower back pain, neck pain, and leg weakness. There was no discussion describing examination findings, imaging results, or electrodiagnostic testing results that sufficiently supported the diagnosis of radiculopathy. Treatment recommendations included changing pain medications and encouraging a core exercise program. There was a suggestion that the worker's symptoms had not yet failed conservative management. Further, the request does not indicate the specific location for the treatment. For these reasons, the current request for a Transforaminal epidural steroid injection (TFESI) is not medically necessary.