

Case Number:	CM14-0205089		
Date Assigned:	12/17/2014	Date of Injury:	08/31/1998
Decision Date:	02/13/2015	UR Denial Date:	12/03/2014
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 Physical Medicine Rehab 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:

IW is a 51 year old woman who sustained an industrial injury to the neck and low back on 8/31/1998. She was diagnosed with a cervical radiculopathy and eventually received a cervical fusion. Pertinent diagnostic studies include a 3/17/2014 lumbar MRI that demonstrated L5/S1 disc desiccation and right paracentral disc protrusion impinging the right S1 nerve root. EMG demonstrated chronic neuropathic changes in the bilateral L4-5 distribution and spontaneous potentials in the left anterior tibialis. 2011 EMG shows evidence of a mild acute left L5 radiculopathy. She has been treated with pain management, surgery, medial branch blocks and trigger point injections. Physical exam revealed pain to palpation in the cervical and lumbar spine with decreased range of motion. Sensation was decreased in the bilateral L4-5 dermatomes. Diagnoses 1. Cervical radiculopathy s/p cervical fusion 2. Lumbar radiculopathy 3. Headaches 4. Insomnia 5. Hypertension 6. Chronic pain 7. Anxiety 8. History of Elevated ANA 9. Fibromyalgia

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 transforaminal epidural: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California Code of Regulations, Title 8. Effective July 18, 2009

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

Decision rationale: The injured worker presents with a history of chronic neck and low back pain. I did not see where the injured worker had prior epidural steroid injections. She has tried and failed conservative therapy. The prior UR reviewer notes the IW did not have a full neuro exam on the 11/18/2014 note. However, there were decreased patellar reflexes in the prior note. The CA MTUS states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Physical exam and diagnostic findings did not correlate with a bilateral L5 radiculopathy, which a bilateral L4-5 epidural steroid injection is meant to treat. Medical necessity has not been established. Recommendation is for denial.