

Case Number:	CM15-0003107		
Date Assigned:	03/27/2015	Date of Injury:	10/05/2006
Decision Date:	05/01/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 56-year-old male, with a reported date of injury of 10/05/2006. The diagnoses include cervical radiculopathy, cervical spinal stenosis, lumbar disc degeneration, chronic pain, and lumbar radiculopathy. Treatments to date have included a cervical epidural steroid injection at C4-6, an MRI of the cervical spine, oral medications, lumbar epidural injection, and topical pain medications. The pain medicine re-evaluation report dated 11/24/2014 indicates that the injured worker complained of neck pain with headaches; low back pain, with radiation down the bilateral lower extremities; and increased neck pain, with radiation to the bilateral extremities. An examination of the cervical spine showed spasm in the bilateral trapezius muscles, tenderness at C4-7, tenderness upon palpation of the bilateral paravertebral C5-7, and limited range of motion due to pain. An examination of the lumbar spine showed tenderness upon palpation in the spinal vertebral area at L4-S1 levels, decreased and limited range of motion due to pain, decreased sensitivity to touch along the L3-5 dermatome in the right lower extremity, and positive bilateral seated straight leg raise test. The treating physician requested an MRI of the cervical spine and a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at bilateral L3-4 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain Chapter: Lumbar Epidural Steroid Injection at bilateral L3-4.

Decision rationale: Lumbar epidural steroid injection at bilateral L3-4 level is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes, a maximum of two injections should be performed. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. In the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of three injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 epidural steroid injections." There was a lack of documentation of failed conservative therapy or a contraindication to physical therapy. Per CA MTUS guidelines conservative therapy should be trialed with NSAIDs and physical therapy for at least 6 weeks; therefore, the requested service is not medically necessary.