

Case Number:	CM15-0003588		
Date Assigned:	01/14/2015	Date of Injury:	04/19/2013
Decision Date:	05/01/2015	UR Denial Date:	12/18/2014
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male, who sustained an industrial injury on 4/19/2013. Diagnoses include chronic cervicgia with left arm radicular pain secondary to cervical degenerative disease with radiculitis, status post cervical fusion in 2013, and chronic left low back pain with left leg radicular pain and weakness in the right foot secondary to lumbar degenerative disease and left paracentral disc protrusion with radiculitis. Treatment to date has included diagnostics including EMG (electromyography) and magnetic resonance imaging (MRI), medications and injections. Per the Primary Treating Physician's Progress Report dated 12/08/2014, the injured worker reported left neck pain radiating to the upper arm, forearm and hand, and left low back pain radiating to the buttock, left lateral posterior thigh, calf and foot. Physical examination revealed moderate tenderness of the left cervical paraspinal muscles. Palpation of the cervical trapezius muscle elicits moderate tenderness on the left. Palpation of the lumbar paraspinal muscles elicits moderate tenderness in the lower lumbar area on the left. Palpation of the buttocks elicits moderate tenderness on the left. Sensation was decreased to pinprick in the left arm and left foot. Discogenic stress maneuvers were pain provoking. Cervical and lumbar range of motion was limited and painful. The plan of care included medications and epidural injection and an authorization was requested for left L5 and S1 transforaminal selective epidural injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5 and S1 transforaminal selective epidural injection under fluoroscopic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/ lower extremities. The request is for Left L5 and S1 Transforaminal Selective Epidural Injection under Fluoroscopic Guidance. Per 12/08/14 progress report, the patient has had lumbar epidural steroid injection. The patient has worked with restriction. MRI of the lumbar spine shows mild disc bulging at L2-3, central disc bulge at L4-5, left paracentral disc bulge at L5-S1 with foraminal stenosis on the left causing some irritation of the existing L5 nerve root. EMG of the lower extremity from 12/08/14 shows "no abnormality." MTUS pages 46 and 47 states that Epidural Steroid Injections (ESI) are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year."In this case, the treater does not specifically discuss the request and why another ESI is being asked for. Following prior ESI, no documentation is provided regarding pain reduction by 50% lasting 6-8 weeks along with functional improvement/medication reduction as required by MTUS. No imaging studies are submitted and no dermatomal distribution of radicular symptoms are described showing a clear diagnosis of radiculopathy. The request is not medically necessary.