

Case Number:	CM15-0137878		
Date Assigned:	08/06/2015	Date of Injury:	06/25/2013
Decision Date:	09/02/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 56-year-old male who reported an industrial injury 6-25-2013 versus 6-20-2013. His diagnoses, and or impression, were noted to include: lumbar disc disorder; lumbar spinal disorder; lumbar radiculopathy; and lumbar facet dysfunction. Recent magnetic imaging studies of the cervical and lumbar spine were done on 12-15-2014; electrodiagnostic studies were noted done on 5-15-2014. His treatments were noted to include cortisone injection therapy; lumbar epidural steroid injections on 2-16-2015; medication management; and rest from work. The progress notes of 2-16-2015 reported moderate pain in the neck and low back that radiated into the right shoulder and arm, with numbness and tingling, and interferes with sleep; as well as some knee pain that is irritated by medications, which cause burning in his abdomen. Objective findings were noted to include tenderness over the lumbar para-spinal muscles and sacroiliac joint region; and positive straight leg raise and Spurling's tests. The physician's requests for treatments were noted to include cervical and lumbosacral epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C4-5, C5-6, and C6-7 with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R. 9792.20. 9792.26 MTUS (Effective July 18, 2009) Page(s): 47 of 127.

Decision rationale: This claimant was injured in June 2013. The diagnostic impressions were lumbar disc disorder; lumbar spinal disorder; lumbar radiculopathy; and lumbar facet dysfunction. The claimant had lumbar epidural steroid injections on 2-16-2015. As of February 2015, the claimant continued with pain in the neck and low back that radiated into the right shoulder and arm. Objective findings were noted to include tenderness over the lumbar para-spinal muscles and sacroiliac joint region; and positive straight leg raise and Spurling's tests. There is no imaging confirmation of disc herniation or a source of radiculopathy. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion that states "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. The request is not medically necessary.

Lumbar epidural steroid injection at L3-4, L4-5, and L5-S1 with fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R. 9792.20. 9792.26 MTUS (Effective July 18, 2009) Page(s): 47 of 127.

Decision rationale: As shared previously, this claimant was injured in June 2013. The diagnostic impressions were lumbar disc disorder; lumbar spinal disorder; lumbar radiculopathy; and lumbar facet dysfunction. The claimant had lumbar epidural steroid injections on 2-16-2015. As of February 2015, the claimant continued with pain in the neck and low back that radiated into the right shoulder and arm. Objective findings were noted to include tenderness over the lumbar para-spinal muscles and sacroiliac joint region; and positive straight leg raise and Spurling's tests. Outcomes of prior lumbar ESI are not noted. There is no imaging confirmation of disc herniation or a source of radiculopathy in the lumbar region. Again as shared, the MTUS recommends ESI as an option for treatment of radicular pain which is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. In this case, the MTUS criterion that states "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met for the lumbar ESI. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI do not meet this criterion. The request is not medically necessary.

