

Case Number:	CM15-0143938		
Date Assigned:	08/04/2015	Date of Injury:	06/04/2013
Decision Date:	09/25/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/24/2015

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: Connecticut, California, Virginia
 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:

The injured worker is a 62-year-old male who sustained an industrial injury on 6-4-13. His initial complaints are not available for review. The record indicates that he "was treated for a fractured wrist on 6-4-13 as a result of a specific injury, and a continuous trauma injury ending on 6-4-13 to the neck, upper extremities, back, and lower extremities, as well as other body parts". His diagnoses included on the 6-23-15 pain management report include cervical spondylosis with myelopathy and bilateral upper extremity radiculopathy, left greater than right, lumbar degenerative disc disease with bilateral lower extremity radiculopathy, left greater than right, bilateral shoulder impingement syndrome, bilateral knee internal derangement with meniscus tears, left greater than right, left wrist TFC repair with residuals, bilateral carpal tunnel syndrome, left ulnar nerve entrapment, medication-induced gastritis, and insomnia-sleep apnea. He has undergone an MRI of the cervical and lumbar spine, an EMG-NCV of bilateral upper and lower extremities, an MRI of the left wrist, as well as both knees. On 6-23-15, he complained of pain throughout the cervical region, radiating to the upper extremities, affecting the left side more than the right. He also complained of "significant weakness" of the left upper extremity. He also complained of pain across his low back with radicular symptoms to the lower extremities bilaterally with significant numbness and weakness in the left lower extremity. The report indicates that he has "distinct and separate pain in his shoulders that he can distinguish from his neck pain worse with range of motion and lifting objects". He also complained of bilateral knee pain, affecting the left greater than right with weight-bearing and walking. The treatment plan included a left intraarticular shoulder joint injection, an updated MRI of the lumbar spine to assess progressive radicular pain, a request for authorization for a fluoroscopically guided diagnostic transforaminal epidural steroid injection at left L5-S1, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: Per the MTUS Chronic Pain Guidelines (page 46), in order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications). The MTUS clearly states that the purpose of ESI 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 offers no significant long-term functional benefit. Given the recommendations for epidural steroid injections as written in the MTUS guidelines, without evidence of disc protrusion or spinal stenosis to support the request with respect to imaging corroboration with symptoms, the request for epidural steroid injection cannot be considered medically necessary at this time. Utilization review reasonably suggested non-certification without repeat MRI, and there are no recent imaging results to indicate L5-S1 pathology. As EMG/NCV was normal, and without imaging to support pathology at the requested interval, the request cannot be considered medically necessary.