

Case Number:	CM15-0161057		
Date Assigned:	08/27/2015	Date of Injury:	03/13/2013
Decision Date:	09/30/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/17/2015

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, 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 (IW) is a 68-year-old female who sustained an industrial injury on 03/13/2013. She reported repetitive injury from pushing full carts of clothing. The injured worker was diagnosed as having: Cervical pain with radiculitis. Right shoulder pain. Lumbosacral pain with sciatica. Treatment to date has included MRI of the cervical and lumbar spine, a consultation with an orthopedic specialist, and oral and topical medications with work restriction. Currently, the injured worker complains of pain in the cervical spine, lumbar spine, bilateral shoulder, and bilateral arms. The cervical spine pain sometimes radiates to the right upper extremity, the lumbar spine radiates to the right lower extremity to the anterolateral thigh and anterior knee. The pain is described as a 7 on a scale of 0-10 intensity in both the cervical and lumbar spine, and becomes an 8 on a scale of 0-10 with prolonged standing, walking, bending, and heavy lifting. Pain radiating to the right lower extremity is frequent and rated an 8 on the scale of 0-10. The IW is on Flexeril, Tramadol, and the topical gel of Kera-Tek. She reports her pain is a 4-5 on a scale of 10 after medications. Rest also makes the pain better. Examination of the cervical spine showed decreased range of motion and positive cervical compression on the right. There was decreased strength on the right at C5-6-7 and 8, and decreased sensation at C5-6-7-and 8. Tenderness was elicited on the paraspinals and trapezius, right greater than left. In the lumbar spine, there was decreased range of motion, tenderness in the paraspinals, right greater than left, and decreased strength and sensation bilaterally at L4, 5, and S1. The treatment plan is continuation with current medications and request authorization for epidural steroid injection L4-5 and L5-S1. A request for authorization was submitted for a

Lumbar Epidural Steroid Injection. A progress note dated March 9, 2015 refers to an MRI study dated April 5, 2010 reportedly showing disc bulges at L4-5 and L5-S1 with mild bilateral neuroforaminal stenosis. Notes indicate that physical therapy has been provided. An MRI of the lumbar spine dated January 20, 2015 shows bilateral foraminal narrowing at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: Regarding the request for lumbar epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, the requesting physician has identified subjective complaints and objective findings supporting a diagnosis of radiculopathy. The MRI corroborates the subjective complaints and objective findings. There is also identification that the patient has failed reasonable conservative treatment measures. As such, the currently requested lumbar epidural steroid injection is medically necessary.