MAXIMUS Federal Services

Case Number:	CM15-0166482		
Date Assigned:	09/04/2015	Date of Injury:	03/08/2013
Decision Date:	10/09/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/25/2015

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, District of Columbia, Maryland
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 54-year-old female who sustained an industrial injury on 3-8-13. She had complaints of shoulder pain. Treatments include: medications, physical therapy and injections. Diagnostic studies include: MRI, EMG and nerve conduction studies. Progress report dated 6-18-15 reports follow up of neck, left upper extremity, lower back and left lower extremity complaints. She has continued complaints of neck and pain rated 6-9 out of 10. The pain is described as aching, burning and radiates down the left shoulder scapular region and through the left shoulder down her left arm into the left first second and fifth digits of her hand, along with numbness. Her activity level is limited due to pain and she continues to have bowel and urinary incontinence since the injury. Diagnoses include: lumbar disc herniation with neural foraminal narrowing and lumbar and cervical facet arthropathy. Plan of care includes: recommend urology consult, request an interlaminar epidural injection at C5-6 and C6-7 due to the diagnostic and therapeutic properties benefits of the procedure, continue with regular orthopedic follow up, continue to request updated cervical , thoracic and lumbar spine MRIs to evaluate worsening neck and back pain and request pain management follow ups. Work status: temporarily partially disabled limit work day to 12 hours limit lifting, pushing, pulling to 10 pounds. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

TFESI let L4, L5 nerve roots: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007). 8) Current research does not support a series of three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Per progress report dated 7/9/15, there was documented decreased sensation in the left L4, L5, and S1 distributions. Motor strength of the lower extremities was 5/5 in all groups bilaterally. Muscle stretch reflex was diminished but symmetric at the patella and Achilles bilaterally. MRI of the lumbar spine dated 2/23/10 revealed at L4-L5 2mm diffuse disc bulge, left lateral annular tear, 4mm left lateral disc protrusion with a slight left lateral extruded component migrating superiorly behind the left posterior body of L4 for a distance of 4mm impinging upon the left exiting roots; facet arthropathy. At L5-S1 lateral disc protrusions extending into the neural foramina, greater on the right. Facet arthropathy and hypertrophy. Left proximal and right neural foraminal stenosis with impingement upon the right exiting nerve roots, unchanged since previous examination. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. I respectfully disagree with the UR physician's denial based upon the fact that the imaging studies are 5 years old. The UR physician says there is no impingement on the L5 level, but there is impingement of the left L5 nerve by the L4-L5 disc per the radiologist. There is also left L5 neuroforaminal narrowing bilaterally from disc bulge. The request is medically necessary.