

Case Number:	CM15-0183614		
Date Assigned:	09/24/2015	Date of Injury:	11/27/2012
Decision Date:	11/20/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/18/2015

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, Arizona

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 49 year old female who sustained an industrial injury on 11-27-2012. Treatment to date has included acupuncture, chiropractic care and medication. According to a progress report dated 06-25-2015, the injured worker reported that her bilateral hands had trouble holding and grabbing. She reported limited range of motion of her bilateral thumbs. She stated that she had an occasional feeling of "bone on bone" and her bilateral thumbs would lock up and pain would increase to a 10 on a scale of 1-10. She had constant pain in her right hip that radiated down her right leg to her calf that was accompanied by swelling and her pain increased to a 9 depending on activity. She had occasional pain in her left hip and left leg that was rated 3-4. Diagnoses included lumbago, and unspecified thoracic lumbar neuritis. The treatment plan included Naproxen and Omeprazole. Recommendations included a transforaminal epidural steroid injection L4-L5, L5-S1 and trigger point injections. According to an orthopedic progress report dated 09-12-2015, the provider noted that it appeared that the pain management provider never submitted the request for epidurals. There was a tentative day of 09-24-2015 for an epidural. The injured worker was motivated and continued to work. She had ongoing symptoms involving her neck, back and right leg. She had a ripping type sensation involving her leg. She had numbness of her hands. She wore wrist braces intermittently. Tenderness, tightness and spasm of the trapezius muscles were present. Range of motion of the lumbar spine was decreased. Straight leg raise was positive. Phalen's test was positive bilaterally. Diagnoses included cervical strain, right leg radiculopathy, lumbar strain and carpal tunnel syndrome. An authorization report dated 09-10-2015 was submitted for review. The requested services include

lumbar steroid transforaminal epidural steroid injections L4-L5, L5-S1 under fluoroscopy and pre-op history and physical, chest x-ray, electrocardiogram and labs: PT, PTT. On 09-17-2015, Utilization Review non-certified the request for transforaminal epidural steroid injection at L4-L5 under fluoroscopy (outpatient), transforaminal epidural steroid injection at L5-S1 under fluoroscopy (outpatient), pre-operative history and physical, chest x-ray, electrocardiogram and pre-operative labs (PT, PTT). On 04/26/2014 an MRI of the Lumbar Spine was performed showing mild foraminal narrowing at L4-5 and disc bulging (mild) from T11-L1. NCS/EMG was also performed 4/7/2014 and this showed evidence of L4-5 disc disease with bilateral radiculopathy. Within the records, there was the mentioned utilization review non-certifying the epidurals and the rationale was in part because of "normal" lower limb electrodiagnostic studies 05/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at L4-L5 under fluoroscopy (outpatient): Upheld

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: According to the California MTUS, epidural steroid injections offer no significant long-term functional benefit, nor do they reduce the need for surgery. Criteria for the use of epidural injections require that radiculopathy be noted on examination and corroborated by imaging and/or electrodiagnostic studies. Within the submitted, records, there is evidence of MRI findings of mild L4-5 foraminal narrowing. Most recent physical examinations do not show significant neurologic dysfunction, other than straight leg raise positivity. There is no mentioned weakness or sensory deficits. The imaging does not reflect significant disc disease, per MRI (2014). There is no recent failure of an aggressive course of physical therapy. As such, this request as a whole is not medically necessary.

Transforaminal epidural steroid injection at L5-S1 under fluoroscopy (outpatient): Upheld

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: According to the California MTUS, epidural steroid injections offer no significant long-term functional benefit, nor do they reduce the need for surgery. Criteria for the use of epidural injections require that radiculopathy be noted on examination and corroborated by imaging and/or electrodiagnostic studies. Within the submitted, records, there is evidence of MRI findings of mild L4-5 foraminal narrowing. Most recent physical examinations do not show

significant neurologic dysfunction, other than straight leg raise positivity. There is no mentioned weakness or sensory deficits. The imaging does not reflect significant disc disease, per MRI (2014). There is no recent failure of an aggressive course of physical therapy. As such, this request as a whole is not medically necessary.

Pre-operative history and physical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-operative labs (PT/PTT): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.