

Case Number:	CM15-0183638		
Date Assigned:	09/24/2015	Date of Injury:	03/08/2013
Decision Date:	10/29/2015	UR Denial Date:	08/24/2015
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: Arizona, California

Certification(s)/Specialty: Family Practice

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. The injured worker was diagnosed as having lumbar disc herniation with neural foraminal narrowing; lumbar and cervical facet arthropathy; cervical disc herniations with neural foraminal narrowing. Treatment to date has included physical therapy; chiropractic therapy; acupuncture; trochanteric bursa injection; medications. Diagnostics studies included EMG-NCV study upper extremities (6-22-15); MRI lumbar spine (7-23-15). Currently, the PR-2 notes dated 8-6-15 indicated the injured worker complains of left sided neck pain, left upper extremity pain and low back pain. The provider documents "Overall, the patient reports that she is doing the same. She reports that she is throbbing and tender. She is awaiting authorization for a cervical epidural steroid injection at C5-6 and C6-7 and a transforaminal epidural steroid injection at left L4, L5 nerve roots." The provider notes "She reports cramping, aching, burning, tingling and stabbing neck pain. She rates her pain as 7 out of 10 on the pain scale. She reports radiation of stabbing, aching, tingling and cramping down the left upper extremity to the hand. She reports throbbing low back pain that radiates down the left lower extremity to the foot. She reports that she has a left trochanteric bursa injection last week. She reports that this has decreased her pain somewhat. She was sore and tender for a few days. The tenderness has resolved yesterday. She reports that she got a rash and an abrasion from the bandage. She reports she is allergic to adhesive." The notes continue and note "She reports that [another provider] told her to discontinue Ultracet 37.5-325mg. He is her GI specialist. She reports that he is treating her for diarrhea, constipation and rectal bleeding." The provider lists and notes she continues to take the following medications: Naproxen 550mg BID and Omeprazole 20mg QD. The provider documents "The patient reports that without medications the pain is 8 out of 10 and with medications it is 6 out of 10. We will await

authorization for an ILESI C5-6, C6-7 and a TFESI targeting left L4, L5 nerve roots." The provider notes "prior injections and procedures - ILESI C4-5: decreased pain x8 hours and ILESI C4-5, C5-6, C6-7 decreased pain by 90%." These were in 2014. The provider documents a physical examination: "Cervical spine: tenderness to palpation bilateral paraspinals, upper trapezius, normal flexion; decreased extension. Sensation decreased in left C6, 7 and 8. Spurling's maneuver to the left causes ipsilateral pain and right causes contralateral pain. Lumbar spine: Tender to palpation bilateral lumbar paraspinals, decreased flexion, decreased extension; positive facet challenge bilaterally; able to toe walk and heel walk without difficulty. Decreased sensation left L4, 5 and S1. Muscle stretch reflex is diminished by symmetric at the patella and Achilles bilaterally. Straight leg raise is negative on the right, negative on the left." The provider then reviews MRI findings for lumbar dated 2-23-10: "1) L4-5 mild 'degenerative' disc changes. 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 nerve roots. Facet arthropathy. These findings have increased slightly since the previous exam. 2) 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." The MRI lumbar spine reports were submitted for review. He is requesting the lumbar epidural steroid injections as diagnostic and therapeutic. A Request for Authorization is dated 9-8-15. A Utilization Review letter is dated 8-24-15 and non-certification was for a Lumbar epidural steroid injection at L4-5 level. Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines. A request for authorization has been received for a Lumbar epidural steroid injection at L4-5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-5 level: 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: In this case, the exiting nerve roots on L4-L5 are normal based on the MRI on July 25, 2015. The guidelines require correlation between imaging and exam for radiculopathy to justify an ESI. EMG and exam findings did not show radicular signs. The request for an ESI of L4-L5 is not medically necessary.