

Case Number:	CM15-0195730		
Date Assigned:	10/09/2015	Date of Injury:	06/17/2011
Decision Date:	11/18/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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:

This is a 48-year-old male with a date of industrial injury 6-17-2011. The medical records indicated the injured worker (IW) was treated for chronic pain, other; disc displacement of the cervical spine; cervical and lumbar radiculitis; cervical and lumbar radiculopathy; status post cervical spinal fusion (2014); bilateral hand and elbow pain; left knee pain; bilateral shoulder pain; status post bilateral carpal tunnel release; constipation secondary to opiates; and myofascial syndrome. In the progress notes (8-31-15), the IW reported neck pain that radiated down the bilateral upper extremities, greater on the right, accompanied by intermittent tingling and numbness to the level of the hands. He also complained of low back pain radiating down the bilateral lower extremities. He rated the pain 8 out of 10 with medications since his previous visit and 10 out of 10 without them. He reported his pain was worse since his last visit. He also reported ongoing limitations in activities of daily living in self-care and hygiene, activity, ambulation, hand function, sleep and sex, rated 9 out of 10 in the past month, due to pain. Medications included Norco, Gabapentin, Butrans patch, Senna-Docusate and Tizanidine, which were all helpful for pain and function without side effects. On examination (8-31-15 notes), there was tenderness to the cervical spine from C4 to C7. Range of motion was severely limited due to pain, which increased with flexion, extension and rotation. There was tenderness in the right wrist and mild to moderate swelling was noted in the right hand and right upper extremity. Sensation was decreased in the bilateral upper extremities. The right hip and trochanteric bursa was tender to palpation. The motor and sensory exams of the bilateral lower extremities were within normal limits. A Toradol injection was given for severe pain.

Treatments included TENS unit, which was helpful, cervical fusion and medications. Cervical spine CT on 5-20-13 showed straightening of the normal curvature and multilevel degenerative changes with stenosis, per the provider's notes. MRI of the lumbar spine on 2-18-13 showed straightening of the normal curvature, mild to moderate multilevel degenerative changes and evidence of an old compression fracture of T12, as reviewed by the provider. Electrodiagnostic testing of the bilateral lower extremities on 4-29-15 was normal. A Request for Authorization was received for bilateral L4- S1 transforaminal epidural injection under fluoroscopy. The Utilization Review on 9-14-15 non- certified the request for bilateral L4-S1 transforaminal epidural injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 transforaminal epidural injection under fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, ESIs are recommended for those that demonstrate radicular findings on exam and diagnostics. In this case, the claimant does not have abnormal neurological findings in the lower extremities and imaging does not indicate cord compression or impingement. The request for ESI is not medically necessary.