

Case Number:	CM15-0217403		
Date Assigned:	11/09/2015	Date of Injury:	02/04/2015
Decision Date:	12/28/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/04/2015

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 33 year old male who sustained an industrial injury on February 04, 2015. The worker is being treated for: cervical brachial syndrome with radicular symptoms, left RTS, left shoulder weakness, left wrist pain, left wrist flexor tenosynovitis and possible CTS. Subjective: September 30, 2015 he reported neck pain, left shoulder pain, left wrist pain, left hand numbness. He reports daily swelling of left wrist that troubles him daily. He complains of numbness in left long ring and small finger; left hand feels weak, neck pain and shoulder pain made worse with overhead reaching. Objective: September 30, 2015 noted upon examination there is decreased sensation to light touch on the left long ring and small fingers, positive Tinel's sign medial aspect left elbow, positive Tinel's and Phalen's, and compression sign at left wrist. The cervical spine is found with 70% normal ROM. The left shoulder is found with guarded ROM, active forward flexion 90 degrees, active abduction 120 degrees and with assistance forward flexion 160 degrees, abduction 150 degrees with positive impingement and abduction signs. There is tenderness over the dorsal radial aspect left wrist and scaphoid tubercle. Diagnostic: October 2015 EMG, NCS; MRI left wrist February 2015, May 2015. Medication: September 30, 2015: Cymbalta, Ibuprofen. Treatment: October 06, 2015 noted surgical request denied, activity modification, medication, NSAID, failed conservative treatment including: observation, medications, PT and acupuncture (unknown sessions). On October 06, 2015 a request was made for bilateral L5 through S1 ESIs that were noncertified by Utilization Review on October 09, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 Epidural steroid injection Qty 1: 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 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. MRI of the lumbar spine dated 2/14/15 noted: There is a lumbosacral transitional vertebrae. The state consistent with previous reports there is a rudimentary S1-2 disc in the bottom. The first degenerative disc from the bottom is L5-S1. This demonstrates disc height narrowing and disc desiccation. There is a right paracentral disc extrusion with caudal migration. This results in some moderate compression of the traversing right S1 nerve root. There is some mild compression of the left S1 nerve root. At L4-5 and L3-4 there is disc desiccation and disc height narrowing. There is previous anterior superior endplate irregularity consistent with limbus vertebrae. Per progress report dated 10/6/15, physical exam noted 5/5 muscle strength bilaterally in all lower extremity muscle groups. Deep tendon reflexes were equal and normal bilaterally in the lower extremities. 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. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary.

Left L5-S1 Epidural steroid injection Qty 1: 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 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. MRI of the lumbar spine dated 2/14/15 noted: There is a lumbosacral transitional vertebrae. The state consistent with previous reports there is a rudimentary S1-2 disc in the bottom. The first degenerative disc from the bottom is L5-S1. This demonstrates disc height narrowing and disc desiccation. There is a right paracentral disc extrusion with caudal migration. This results in some moderate compression of the traversing right S1 nerve root. There is some mild compression of the left S1 nerve root. At L4-5 and L3-4 there is disc desiccation and disc height narrowing. There is previous anterior superior endplate irregularity consistent with limbus vertebrae. Per progress report dated 10/6/15, physical exam noted 5/5 muscle strength bilaterally in all lower extremity muscle groups. Deep tendon reflexes were equal and normal bilaterally in the lower extremities. 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. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary.