

Case Number:	CM15-0040260		
Date Assigned:	03/10/2015	Date of Injury:	09/19/2012
Decision Date:	05/12/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	03/03/2015

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

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 was a 49 year old male, who sustained an industrial injury, September 19, 2012. The injury was sustained when the injured worker fell off a ladder and sustained several injuries from the fall. According to progress note of January 12, 2015, the injured workers chief complaint was neck pain radiating down both upper extremities with associated numbness and tingling, right shoulder pain and lower back with radiating pain down both legs. The physical exam noted the injured workers weight was 385 pounds at the time of the injury and with weight loss was down to 305 pounds. The injured worker continues with neck and lower back pain with radiating pain to the upper and lower extremities. The EMG/NCV (electromyography/nerve conduction velocity studies) and diagnostic studies were reviewed and a future plan was discussed. The range of motion of the bilateral shoulders was at 75% of full range of motion. There was tenderness noted at the acromioclavicular joint and subacromial area on the left. Carpal tunnel testing was positive on both upper extremities. The cervical spine was at 75% of normal range of motion in flexion, extension, right and left lateral bending, right and left lateral rotation. Axial and foraminal compression testing caused pain going up to the upper back bilaterally. The injured worker was diagnosed with degenerative disc disease of the cervical neck and lumbar spine, bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome, lower back strain and contusions of both knees. The injured worker previously received the following treatments Ultram, Voltaren, Vicodin, weight loss, EMG/NCV (electromyography/nerve conduction velocity studies) of the upper extremities, MRI of the right shoulder, MRI of

the left shoulder, MRI of the cervical spine and MRI of the lumbar spine. The treatment plan included bilateral L5 transforaminal epidural injections; date of service January 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 transforaminal epidural steroid injections: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: Based on the 01/12/15 progress report provided by treating physician, the patient presents with lower back pain radiating down both legs. The request is for BILATERAL L5 TRANSFORAMINAL EPIDURAL STEROID INJECTIONS. Patient's diagnosis per Request for Authorization form dated 01/14/15 includes lumbosacral spondylosis without myelopathy, and thoracic or lumbosacral neuritis or radiculitis. MRI of the lumbar spine dated 08/11/14, per 01/12/15 progress reports reveals "mild-moderate disc degeneration L5-S1 with 2mm anterolisthesis. Moderate bilateral foraminal stenosis. No disc extrusion or central stenosis." EMG of the lower extremities, per treater report dated 02/23/15 revealed "No acute radiculopathy. Possible chronic bilateral L5-S1 radiculopathy." Patient's medications include Voltaren, Norco and Ultram. Patient is on home exercise program. The patient is not working, per 01/12/15 treater report. MTUS Chronic Pain Treatment Guidelines, section on epidural steroid injections (ESIs) page 46 states these are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The MTUS Criteria for the use of Epidural steroid injections states: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and 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. UR letter dated 01/23/15 states "...the patient reports pain travelling down the bilateral lower extremities; however, physical examination noted no motor weakness appreciated and vague non-dermatomal sensory deficits in the lower extremities. An EMG study showed no evidence of acute radiculopathy and questionable chronic L5-S1 radiculopathy. At this time, clear evidence of a current radiculopathy has not been demonstrated." Per 02/23/15 progress report, treater states "the patient complains of ongoing chronic back pain radiating down the lower extremities. EMG does show evidence of a chronic L5-S1 radiculopathy. The patient does have foraminal narrowing with degenerative spondylolisthesis at L5-S1." However, physical examination to the lumbar spine on 09/30/14 revealed mild tenderness and 50% decreased range of motion in all planes, with pain on extension. Negative straight leg raise test, and no abnormalities in motor and sensory tests to the lower extremities. In this case, the patient has not had an ESI before. There are radicular symptoms with MRI showing potential nerve root lesions and EMG is suggestive of radiculopathy. The request IS medically necessary.

