

Case Number:	CM15-0043453		
Date Assigned:	03/13/2015	Date of Injury:	04/17/2013
Decision Date:	04/16/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/09/2015

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, 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 46-year-old male, who sustained an industrial injury on 4/17/13. He has reported a back injury after lifting an 80-pound bag. The diagnoses have included lumbar strain/sprain, thoracic strain/sprain, brachial neuritis or radiculitis, cervicgia, lumbago, lumbar spinal stenosis, lumbar spondylosis with myelopathy, and cervical spondylosis with myelopathy. Treatment to date has included medications, conservative treatment, facet joint injection, acupuncture, chiropractic, and Home Exercise Program (HEP). Currently, as per the physician progress note dated 1/29/15, the injured worker complains of neck, low back, bilateral upper extremities and bilateral lower extremity pain. The pain was rated 7/10 on pain scale. The pain was described as burning and numb. It was noted that the Interspec IF II machine was relieving the pain. The pain is also associated with numbness and tingling. The injured worker states that the medications also help relieve the pain, his quality of sleep was poor and the pain has increased since last visit. The current medications included Cyclobenzaprine, Gabapentin, Pantoprazole sodium, Hydrocodone, Butrans patch, Cymbalta, Cetirizine and Lisinopril. Physical exam of the cervical spine revealed restricted range of motion with flexion and extension, Spurling's maneuver causes pain, and cervical facet loading was positive on both sides. The lumbar exam revealed restricted range of motion with flexion and extension limited by pain, tenderness to palpation of the paravertebral muscles, spinous process tenderness, lumbar facet loading positive bilaterally and straight leg raise was positive bilaterally. The motor exam was limited by pain and light touch sensation was decreased over the lateral forearm on the left and hyperesthesia was present over the medial calf and lateral calf on the left side. It was noted by

the physician that the injured worker would benefit from bilateral lumbar Epidural Steroid Injection (ESI) since there was evidence of complaints and findings of radiculopathy on the physical exam. The Treatment Plan included request for bilateral L5-S1 lumbar Epidural Steroid Injection (ESI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Epidural Steroid Injection QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative physical exam and imaging and/or electrodiagnostic findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are no imaging and/or electrodiagnostic study findings corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.