

Case Number:	CM15-0046567		
Date Assigned:	03/18/2015	Date of Injury:	05/03/2013
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/10/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 63 year old female who sustained an industrial injury on 5/3/13. The mechanism of injury was not found in the records reviewed. Currently she is complaining of increased neck and low back pain with radiation to left lower extremity and headaches. Her overall pain intensity is 9/10 and with medications is 6/10. She has sleep disturbances due to pain. Medications are Flexaril, Naprosyn, Ultracet, Xenical, Acyclovir, hydrocodone-acetaminophen. Diagnoses include closed head injury contusion with ongoing headaches; cervical pain; cervical strain and trapezial spasm; cervical facet syndrome; lumbar radiculopathy; thorocolumbar strain. Treatments to date include medications, median branch nerve block (7/14) with 80% pain relief; cervical median branch radiofrequency neurotomy at C5, 6, 7 branch on the right (2/6/15); physical therapy with mild relief; transcutaneous electrical nerve stimulator unit with moderate relief; exercise with moderate relief; right shoulder injections with excellent relief. Diagnostics include MRI cervical spine (4/4/14) showing degenerative changes; x-ray bilateral hip (3/27/14) showing mild degenerative spurring of both hips; x-ray of the lumbar spine showing degenerative disc disease at L4-5; electromyography of bilateral upper extremities (1/14) unremarkable findings; MRI lumbar spine (1/28/15, 4/14). In the progress note dated 2/10/15 the treating provider's plan of care includes request for consideration of future transforaminal lumbar epidural injection Left L5/S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5 and S1 lumbar epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: L5 and S1 lumbar epidural injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the criteria for a lumbar epidural steroid injection is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. L5 and S1 lumbar epidural injection is not medically necessary as written. The documentation indicates physical exam findings suggestive of L5 and S1 LLE radiculopathy corroborated by imaging studies of stenosis at these levels however the request does not specify a laterality and the the documentation does not indicate right lower extremity findings therefore the request cannot be certified as medically necessary.