

Case Number:	CM15-0084200		
Date Assigned:	05/06/2015	Date of Injury:	05/31/2012
Decision Date:	06/11/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/01/2015

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 is a 51-year-old male who sustained an industrial injury on 05/31/2012. Current diagnoses include cervical, thoracic, and lumbar strain with myofascial pain, C5-C6 degenerative disc disease, thoracic degenerative disc disease, L4-L5 and L5-S1 degenerative facet changes, possible bilateral cervical radiculopathy versus carpal tunnel syndrome, versus peripheral polyneuropathy, and bilateral severe carpal tunnel syndrome. Previous treatments included medication management, and epidural steroid injections. Previous diagnostic studies include MRI's of the cervical, thoracic, and lumbar spine, x-rays of the lumbosacral spine, and electrodiagnostic study. Report dated 03/16/2015 noted that the injured worker presented with complaints that included neck and low back pain. Medication regimen included Norco. Pain level was not included. Physical examination was positive for tenderness in the lumbar paraspinal muscles, iliolumbar and sacroiliac regions, and cervical paraspinal muscles. Straight leg raise on the right had some pain radiating down to the right calf. Also noted was some posterior thigh pain with occasional numbness in the distal leg and feet. The treatment plan included requests for lumbar epidural steroid injections, written prescription for Norco, continue with independent exercise program, and follow up in 5 weeks. The physician noted that the request for the right L5-S1 lumbar epidural steroid injection was due to the degenerative disc disease and facet degeneration causing some foraminal and central stenosis. It was also noted that the MRI revealed evidence of a right L4-L5 hemorrhagic or complicated facet cyst effacing the right subarticular recess and potentially compressing on the right L5 nerve root. Report dated 10/21/2014 documented that the injured worker has had 2 prior epidural injections that were partially helpful with neck pain. Disputed treatments include right L5-S1 lumbar epidural steroid injection x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 Lumbar Epidural Steroid Injection times 1: Overturned

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

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

Decision rationale: The 51-year-old patient complains of neck and low back pain, as per progress report dated 03/16/15. The request is for RIGHT L5-SI LUMBAR EPIDURAL STEROID INJECTION X 1 62311 99144 72275 77003. The RFA for the case is dated 03/18/15, and the patient's date of injury is 05/31/12. Diagnoses, as per progress report dated 03/16/15, included cervical, thoracic and lumbar strain with myofascial pain; C5-6 degenerative disc disease with osteophyte formation and mild disc protrusion; multilevel thoracic degenerative disc disease; L4-5 and L5-S1 degenerative facet changes with complex cysts at right L4-5; possible cervical radiculopathy vs carpal tunnel syndrome vs peripheral neuropathy; diabetes; and bilateral severe carpal tunnel syndrome. The patient is taking Norco for pain relief, as per the same progress report. The reports do not document the patient's work status. 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." 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. In this case, the progress reports do not document prior ESI of the lumbar spine. The patient suffers from low back pain that radiates down to the lower extremities, as per progress report dated 02/17/15. Physical examination, as per progress report dated 03/16/15, revealed an equivocal straight leg raise along with some radiating pain in the right calf, significant posterior thigh pain, and occasional paresthesias in distal leg and feet, greater on the right. MRI of the lumbar spine, as per progress report dated 03/16/15, revealed right L4-5 hemorrhagic or complicated facet cyst effacing the right subarticular recess and potentially compressing the right L5 nerve root. The treater also states that the patient has "degenerative disc disease and facet degeneration causing some foraminal and central stenosis." Given the radicular symptoms and corroborating diagnostic evidence, the request IS medically necessary.