

Case Number:	CM15-0088225		
Date Assigned:	05/12/2015	Date of Injury:	02/22/2014
Decision Date:	06/12/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/07/2015

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: Massachusetts

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 61-year-old male with an industrial injury dated 2/22/2014. The injured worker's diagnoses include degeneration of cervical intervertebral disc, displacement cervical intervertebral disc without myelopathy, cervicalgia, degenerative lumbar/lumbosacral intervertebral disc, spinal stenosis of lumbar region, and lumbosacral spondylosis without myelopathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/10/2015, the injured worker reported cervical spine pain radiating into the bilateral upper extremities, right greater than left and lumbar spine pain radiating into the bilateral lower extremities, left greater than right. The injured worker rated pain an 8/10. Cervical spine exam revealed pain with cervical range of motion, positive axial compression with pain radiating into the right upper extremity at the C5-C6 distribution, tenderness and spasm over the paracervical region and upper trapezius muscles bilaterally, and slight decrease reflex in the right C5. Lumbar spine exam revealed difficulty rising from seated position, antalgic gait, pain elicited with all range of motion, positive straight leg raises bilaterally with pain radiating into the anterolateral calf and foot and slight weakness at L5 bilaterally. The treating physician reported that the injured worker presented with continued complaints in the cervical spine and lumbar spine with treatment plan to include lumbar injections and physical therapy. The treating physician prescribed services for L5-S1 epidural steroid injection now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 epidural steroid injection: Upheld

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

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

Decision rationale: The claimant sustained a work-related injury in February 2014 and continues to be treated for radiating neck and radiating low back pain. He underwent bilateral transforaminal epidural steroid injections on 12/18/14. At follow-up less than 5 weeks later, there had been pain relief after the lumbar injection. When seen, the claimant was having radiating symptoms into the lower extremities. Physical examination findings included positive straight leg raising with lower extremity weakness. Prior testing had included an MRI in April 2014 showing multilevel stenosis and an EMG/NSC on September 2014 with findings of a left L5 radiculopathy. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight week. In this case, when seen less than 5 weeks after the injection, although there had been pain relief the degree of relief was not documented. Whether there was pain relief extending for at least six weeks is unknown. Therefore, a repeat injection is not medically necessary.