

Case Number:	CM14-0121613		
Date Assigned:	09/16/2014	Date of Injury:	04/22/2013
Decision Date:	10/16/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Colorado. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52 year old female with years of gradual progression of low back pain and experienced most recent exacerbation requiring medical evaluation and treatment on April 22, 2013. She was placed on modified duty, and advised to use Ice, Aleve as needed, and Biofreeze as needed. X-rays were done at that time which showed spondylolysis at L5 and spondylolisthesis L5-S1 with evidence of early disc disease and straightening consistent with spasm. Physical Therapy for low back pain was also ordered at that time by the treating physician. Patient has continued in treatment for low back pain including more Physical Therapy, Non-steroidal Anti-inflammatory Drugs, Tramadol, Flexeril, Medrox topical analgesic, Chiropractic care, and transcutaneous electrical nerve stimulation unit, without lasting relief of symptoms. Patient has worked her regular schedule and/or modified schedule, depending on her pain, in the last year, and as of July 2014 treating physician visit, was on modified duty. As patient symptoms failed to improve significantly with above measures, MRI of Lumbar Spine was done July 3, 2013, and showed listhesis at L5-S1, severe facet disease, compression of S1 nerve roots (Right > Left), and mass effect on L3-L5 from osteophyte complexes / canal narrowing. (Incidentally noted at T10-T11 was prominent facet disease and effacement of dorsal spinal cord.) In addition to the low back pain, in 2013 (no specific date noted in records), patient developed neck pain with pain/ numbness / tingling radiating to left arm and sought treatment with her primary care provider who ordered Physical Therapy, x-rays, and MRI. Cervical Spine MRI September 16, 2013 showed reversed curvature, multiple disc osteophyte complexes, C4-C5 central disc protrusion, and spinal stenosis at C4-C5 and C6-C7. Patient then first mentioned her neck symptoms to her treating orthopedic physician October 25, 2013. Because the neck and arm symptoms were not included in patient claim, and patient following with her outside primary care provider, the treating orthopedic physician did not address the issue at that time. Patient then

amended her claim to include the neck pain, and she started treatment (x-rays and home exercises) with her established orthopedic physician January 2014. The patient continued to have neck and arm symptoms as well as low back pain with radicular symptoms into right leg. When patient then presented May-July 2014 to treating orthopedic physician, she had persistent pain and findings on physical exam consistent with radiculopathy: Spurlings maneuver positive on left neck, and Straight leg raise test positive on right leg. The treating physician then placed request for pain management for cervical and lumbar epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with pain management for lumbar and cervical steroid epidural injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, chapter not noted

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 46.

Decision rationale: As the request is written, the consult to pain management is specifically for epidural steroid injections. Per the MTUS Guidelines, epidural steroid injections are recommended for radicular pain. Patient does exhibit radicular pain, cervical and lumbar, and has not responded significantly to conservative measures. Patient meets some of the criteria for epidural steroid injections, specifically: 1) Patient's radiculopathy has been documented by physical examination and confirmed on imaging studies. 2) Patient's symptoms have not improved with home exercises, formal physical therapy, non-steroidal anti-inflammatory drugs, opioids, topical analgesics, transcutaneous electrical nerve stimulation unit, and muscle relaxants. Therefore, epidural steroid injection for lumbar radiculopathy in this patient would be recommended, based on the MTUS Guidelines. However, the request includes cervical epidural steroid injections, and per the guidelines, there is not enough evidence to support the use of epidural steroid injection for cervical radiculopathy, so would not be recommended. As part of the request is not recommended, then the complete request for pain management consult for lumbar and cervical epidural steroid injections is not medically necessary.