

Case Number:	CM14-0127577		
Date Assigned:	08/15/2014	Date of Injury:	11/11/2011
Decision Date:	10/22/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 49-year-old male who reported an injury on 11/11/2011. The diagnoses included status post ACDF, cervicogenic headaches, low back pain, thoracolumbar scoliosis with spondylosis, neck pain, and cervical radiculopathy. The previous treatments included medication, physical therapy, and diagnostic testing including an MRI and an EMG. Within the clinical note dated 06/09/2014, it was reported the injured worker complained of pain in the neck and occiput. He complained of frequent headaches. The injured worker also complained of severe low back pain. He reported being very limited regarding his ability to stand and walk. It was noted the injured worker stated both of his legs felt numb. On physical examination, the provider noted the range of motion of the lumbar spine was moderately diminished. The injured worker had tenderness to palpation at the cervical spine. The provider noted sensation to light touch was intact in both lower extremities. There was positive lumbosacral midline tenderness noted in the documentation. The provider noted the lumbar MRI revealed a minimal disc bulge at the L4-5 level without central or foraminal stenosis. The request submitted is for transforaminal epidural steroid injections at L4-5 and L5-S1. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated on 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at the right L4-5 and L5-S1: 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 Epidural steroid injections (ESI), Page(s): 46..

Decision rationale: The request for transforaminal epidural steroid injection at L4-5 and L5-S1 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The Guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants. The Guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. There is a lack of significant neurological deficits such as decreased sensation and motor strength in a specific dermatomal or myotomal distribution. There is a lack of documentation indicating the injured worker had been unresponsive to conservative treatment including exercise, physical methods, NSAIDs, and muscle relaxants. Therefore, the request is not medically necessary.