

Case Number:	CM14-0141945		
Date Assigned:	09/10/2014	Date of Injury:	12/09/2008
Decision Date:	10/24/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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 Texas and Ohio. 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 female who reported an injury on 12/09/2008. The mechanism of injury was a slip and fall. The diagnoses included occipital neuralgia, tenosynovitis, wrist radiculopathy, lumbar spine hemarthrosis, lower leg complex regional pain syndrome, radiculopathy, cervical radiculopathy, closed fracture of anatomical neck of humerus, fibromyalgia, rotator cuff tear, headache, neck strain/sprain, and carpal tunnel syndrome. Previous treatments included medication, and stellate ganglion block injections. Within the clinical note dated 06/05/2014, it was reported the injured worker complained of neck, low back, and both arm pain. She rated her pain 6/10 in severity. She described the pain as aching, constant, and severe in nature. Upon the physical examination, the provider noted the injured worker was alert and oriented. Her mood and affect were normal. The injured worker had no apparent loss of coordination. The provider noted the injured worker's left shoulder was painful and unable to flex beyond 30 degrees. The provider requested an epidural steroid injection at L4-5 and L5-S1. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural injection L4-5, L5-S1, bilaterally under fluoroscopy and MAC anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's) Page(s): 49.

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

Decision rationale: The request for transforaminal epidural injection L4-5, L5-S1, bilaterally under fluoroscopy and MAC anesthesia 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 an epidural steroid injection is used for a diagnostic purpose, a maximum of 2 injections should be performed. There is lack of imaging studies to corroborate the diagnosis of radiculopathy. There is lack of significant neurological deficits, such as decreased sensation and motor strength in a specific dermatomal or myotomal distribution. Additionally, there is lack of documentation indicating the injured worker had been unresponsive to conservative treatment. Therefore, the request for transforaminal epidural injection L4-5, L5-S1, bilaterally under fluoroscopy and MAC anesthesia is not medically necessary.