

Case Number:	CM14-0145778		
Date Assigned:	09/12/2014	Date of Injury:	02/12/2013
Decision Date:	10/16/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/08/2014

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 Practice and is licensed to practice in Texas & Oklahoma. 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 53-year-old female who reported an injury on 02/12/2013. The mechanism of injury was not submitted for review. Injured worker has diagnoses of displacement of the cervical intervertebral disc without myelopathy and degeneration of the thoracic/lumbar intervertebral disc. Past medical treatment consists of the use of a TENS unit, physical therapy and medication therapy. On 06/12/2014 an MRI of the cervical was obtained revealing multilevel degenerative disc disease throughout the cervical spine at the C5-6 and C6-7 level. At C4-5, there was minimal disc osteophyte complex. At C5-6, there was moderate diffuse posterior disc osteophyte complex and bilateral uncovertebral joint osteophytosis which results in moderate central canal stenosis. At C6-7, there is moderate posterior disc osteophyte complex and bilateral uncovertebral joint osteophytosis which results in moderate central canal stenosis and mild right and moderate to severe left neural foraminal narrowing. On 07/11/2014 the injured worker complained of neck and back pain. Examination of the cervical spine revealed tenderness in mid to lower cervical with spasms that were palpable. There was limited cervical range of motion on extension 30 degrees and flexion 40 degrees. Motor examination revealed 5/5 bilateral upper extremity except for biceps bilaterally which were 4+/5 and right triceps which were 4+/5. Examination of the lumbar spine revealed normal lordosis. There was tenderness to palpation of the lower lumbar spine. There was also no significant paraspinal muscle spasm noted. Range of motion consisted of flexion of 50 degrees, extension of 25 degrees, left lateral bending of 25 degrees and right lateral bending of 25 degrees. Straight leg was positive for right leg and low back with the right leg at about 60 degrees in supine position and the low back pain radiated down the right leg into the hamstrings. Straight leg raise was positive for low back pain with the left leg at 60 degrees from supine position. Faber sign was positive for low back pain and negative for hip pain. Neurologic evaluation revealed sensation

was normal to light touch throughout bilateral lower extremities. Medical treatment plan is for the injured worker to undergo translaminar epidural steroid injection at C7-T1 and L5-S1. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 and L5-S1 translaminar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection, Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs and muscle relaxants. There are to be no more than 2 nerve root levels injected using transforaminal blocks at 1 time. No more than 1 intralaminar level should be injected at 1 session. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. MTUS recommend no more than 2 ESI injections. The submitted documentation lacked any evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by physical examination. Additionally, there was indication that the injured worker had a diagnosis of radiculopathy. Furthermore, the MRI that was submitted for review did not show any evidence of the injured worker having radiculopathy. There was also no indication that the injured worker had trialed and failed or was unresponsive to conservative treatment, which would include exercise, physical methods and medications. The request also did not indicate the use of fluoroscopy for guidance in the request. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.