

Case Number:	CM14-0183054		
Date Assigned:	11/07/2014	Date of Injury:	08/28/2013
Decision Date:	12/16/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational Medicine 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:

This is an 18-year-old female with an 8/28/13 date of injury. The mechanism of injury occurred when boxes fell on her head and right arm, causing her to fall down on the ground. According to a progress report dated 8/25/14, the patient complained of pain in the neck with radicular symptoms into the right and left arms. She also complained of pain in the lower back with radicular symptoms into the right and left leg. Objective findings: limited cervical spine range of motion, positive Spurling's test, limited lumbar spine range of motion, tightness and spasm in lumbar paraspinal musculature noted bilaterally. A lumbar MRI report dated 2/5/14 revealed at L4-L5 and L5-S1: central focal disc protrusion indenting the thecal sac. Transiting and exiting nerve roots are unremarkable. Diagnostic impression: cervical sprain/strain, herniated cervical disc with radiculitis, lumbar sprain/strain, herniated lumbar disc with radiculitis, right shoulder sprain/strain. Treatment to date: medication management, activity modification, acupuncture. A UR decision dated 10/6/14 denied the request for L4-5/L5-S1 epidural steroid injection. The current record does not include an exact response to SLR testing, and the record does not include a motor/sensory exam. The records available do not clearly support the clinical diagnosis of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5/L5-S1 epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines 9792.23.5 Low Back Complaints; Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy)

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, in the reports reviewed, there is no documentation suggestive that the patient has had any recent conservative treatments that have been ineffective. In addition, there is no documentation of objective neurologic findings that corroborate the MRI study. Therefore, the request for L4-5/L5-S1 epidural steroid injection is not medically necessary.