

Case Number:	CM14-0026754		
Date Assigned:	06/13/2014	Date of Injury:	08/06/2008
Decision Date:	08/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine & 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:

This case involves a 46-year-old female who reported an injury on 08/06/2008. The mechanism of injury was not provided. The diagnosis includes cervical spine multilevel disc protrusion, degenerative disc disease, right upper and lower extremity radiculopathy, herniated disc in the lumbar spine and low back pain. Documents dated 11/25/2013 of an electrodiagnostic study revealed an increased membrane instability or irritability. Abnormal findings of the motor unit action potentials of the muscles innervated by the lateral L5 nerve roots were indicated. The injured worker underwent an MRI of the cervical spine on 12/13/2013, which revealed a focal central disc protrusion deforming the anterior aspect of the spinal cord at C3-4. The bilateral neural foramina were patent and the C4 nerve roots were intact. The physical examination of 01/15/2014 revealed the injured worker had a negative Spurling's test. She had positive muscle spasms and tenderness in the paracervical musculature and parascapular muscle. Neurologically, the injured worker had diminished sensation in the right hand. The physical examination of the lumbar spine revealed that she was positive to palpation and muscle spasms in the paralumbar musculature. She had decreased range of motion and diminished sensation in the right lower extremity that was diffuse. The treatment plan included a series of epidural steroid injections in the cervical and lumbar spine. The cervical epidural steroid injections were with catheter insertion at C4 level and were based on the MRI findings, intractable pain and upper extremity radiculopathy. The lumbar epidural steroid injections were based on significant disc herniation at the level L5-S1, lower back pain and documented radiculopathy. The injured worker underwent an MRI of the lumbar spine with and without load bearing on 01/24/2014. This revealed a diffuse disc protrusion effacing the thecal sac at the level of L5-S1. The spinal canal was normal in configuration and showed no sign of stenosis. The lateral recesses were patent. There was

hypertrophy of the facet joints and ligamentum flavum noted. At the level of L4-5, there was stenosis of the bilateral neural foramina effacing the left and right L4 exiting nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (LESI) X 2 AT L5-S1: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend an epidural steroid injection when there is documentation of objective findings of radiculopathy upon physical examination that are corroborated by imaging studies and/or electrodiagnostic. There should be documentation of prior conservative care. The clinical documentation submitted for review indicated the injured worker had diffuse diminished sensation in the right lower extremity with corroboration by electrodiagnostics. The report indicated there were findings at the L5 nerve root but lack of findings at S1. The submitted request is for 2 injections however, there was lack of documentation of conservative treatment or an initial injection trial that followed up with objective findings. Given the above, the request for lumbar epidural steroid injection (LESI) x2 at L5-S1 is not medically necessary.

CERVICAL EPIDURAL STEROID INJECTION (CESI) X 2 A C4: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend an epidural steroid injection when there is documentation of objective findings of radiculopathy upon physical examination that are corroborated by imaging studies and/or electrodiagnostic studies. There should also be documentation of prior conservative care. The clinical documentation submitted for review indicated the injured worker had a negative Spurling's test yet there was diminished sensation in the right hand. The MRI failed to support the documentation of radiculopathy with objective findings. The submitted request is for 2 injections however, there was lack of documentation of conservative treatment or an initial injection trial that followed up with objective findings. Given the above, the request for cervical epidural steroid injections (CESI) x 2 at C4 is not medical necessary.

