

Case Number:	CM14-0027966		
Date Assigned:	06/16/2014	Date of Injury:	05/14/2012
Decision Date:	09/05/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/05/2014

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 Internal 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:

The patient is an injured worker with the diagnoses of cervical myelopathy, cervical stenosis, facet arthropathy of the lumbar spine, multilevel disc herniations of the lumbar spine, herniated nucleus pulposus of the thoracic spine. Date of injury was 05-14-2012. Medical records indicate that a prior epidural steroid injection performed on 2/8/2013, resulted in adverse reactions, including urticarial rash, global decrease strength and sensations, and perceived difficulty breathing. The patient has a history of adverse reactions to prior epidural steroid injection. Primary treating physician's progress report dated 01/20/2014 documented subjective complaints of neck, mid back, and low back pain. She reported increased numbness down left side of her neck into her left arm. She reported radiation of pain, numbness, and tingling in the left lower extremity to the foot. She reports radiation of pain and numbness down left arm into her fingertips. She is authorized for cervical fusion at C4-5 and C5-6 levels. She is currently taking Amitriptyline twice per day and has discontinued Ketoprofen as it caused GI upset. She last worked on 8/9/2012. Objective findings included decreased sensation left C5, C6, C7, and C8 dermatomes to pinprick and light touch. Decreased sensation left L4, L5, and S1 dermatomes to pinprick and light touch. Deltoid, biceps, internal and external rotators, wrist extension, wrist flexion, triceps, and interossei are 4/5 on the left. Tibialis anterior and extensor hallucis longus are 4-/5 on the left. Psoas, quadriceps, hamstring, inversion, and eversion are 4/5 on the left. Quadriceps, hamstring, extensor hallucis longus, inversion, and eversion are 4+/5 on the right. Diagnoses were cervical myelopathy, cervical stenosis, facet arthropathy of the lumbar spine, multilevel disc herniations of the lumbar spine, herniated nucleus pulposus of the thoracic spine. Treatment plan included anterior cervical decompression and fusion at C4-5 and C5-6 levels, neurology and pain management follow-up, transforaminal epidural injection on the left at L5

and S1. The patient is temporarily partially disabled. Utilization review decision date was 01-31-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) TRANSFORAMINAL EPIDURAL INJECTIONS ON THE LEFT AT L5 AND S1 (QTY: 2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Medical treatment utilization schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and Lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. Primary treating physician's progress report dated 01/20/2014 documented diagnoses of cervical myelopathy, cervical stenosis, facet arthropathy of the lumbar spine, multilevel disc herniations of the lumbar spine, herniated nucleus pulposus of the thoracic spine. Medical records indicate that a prior epidural steroid injection performed on 2/8/2013, resulted in adverse reactions, including urticarial rash, global decrease in strength and sensations, and perceived difficulty breathing. Because of the patient's history of significant adverse reactions to epidural steroid injection in the past, L5-S1 epidural steroid injections are not recommended. Therefore, the request for one (1) transforaminal epidural injections on the left at L5 and S1 (QTY: 2) is not medically necessary.