

Case Number:	CM14-0190684		
Date Assigned:	11/24/2014	Date of Injury:	02/03/2011
Decision Date:	01/14/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 a 56 year old man who was injured on 2/03/2011. The diagnoses are lumbar radiculopathy, low back pain, cervicalgia, cervical radiculopathy and neck pain and knee pain. There was a history of post- concussion syndrome, chronic headache, sleep disturbance, stress, anxiety and depression. The 2011 and 2014 MRI of the lumbar spine showed multilevel L4-L5, L5-S1 herniation, central canal stenosis, neural foraminal narrowing and contact with exiting nerve roots. The 2011 and 2014 MRI of the cervical spine showed multilevel disc bulge, central canal stenosis, neural foraminal narrowing and degenerative disc disease from C3-4 through C5-C6. There was contact with exiting C4, C5 and C6 nerve roots. On 5/4/2011, ██████████ noted that the EMG/NCV was diagnostic for lumbosacral plexopathy and radiculopathy. There was also abnormal report on the cervical spine with carpal tunnel syndrome of the upper extremities. The patient completed PT, chiropractic, psychological treatments and epidural injections. There was subjective complaint of neck pain and low back pain radiating to the upper and lower extremities respectively. The pain score was rated at 6-7/10 on a 0 to 10 scale. There was objective finding of decreased range of motion with tenderness on palpation over the cervical, lumbar spine and SI joint area. There was a mildly decreased sensation on the left L5 dermatome. There was a negative Spurling's and straight test. On 9/3/2014, ██████████ noted objective findings of positive Patrick's test with tenderness over the SI joints. It was noted that an SI joint injection would be beneficial. The medications are Norco, Flector patch and Tizanidine. The gabapentin medication that previously relieved the neuropathic pain was denied by the insurance in March, 2014. A Utilization Review determination was rendered on 10/10/2014 recommending non certification for C7-T1 epidural steroid injection and L5-S1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 interlaminar epidural steroid injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injections can be utilized for the treatment of cervical radiculopathy that did not respond to standard treatments with medications and physical treatments. The records indicate that the patient had subjective, objective, radiological and EMG/NCV studies findings consistent cervical radiculopathy. The patient have exhausted conservative management with medications and physical treatments. The criteria for C7-T1 interlaminar epidural steroid injection was met.

L5-S1 interlaminar epidural steroid injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy that did not respond to standard treatments with medications and physical treatments. The records indicate that the patient had subjective, objective, radiological and EMG/NCV studies findings consistent lumbar radiculopathy. The patient had exhausted conservative management with medications and physical treatments. The criteria for L5-S1 interlaminar lumbar epidural steroid injection was met.