MAXIMUS Federal Services

Case Number:	CM14-0218700		
Date Assigned:	01/08/2015	Date of Injury:	07/22/2013
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 (IW) is a 57 year old male who sustained an industrial injury on 07/22/2013. He has reported chronic back and neck pain with radicular symptoms to the upper and lower extremities. The diagnoses have included chronic myofascial neck and pack pain following trauma, post-concussion syndrome with reported cognitive, visual, olfactory and gustatory disturbances, and headaches, post concussive headaches with possible cervicogenic contribution, pain-related insomnia, cervical and lumbar degenerative disc disease per CT scans(12/05/2013), and prior history of hypertension and previous trauma without prior history of chronic pain. He has a history of cervical and lumbar fusion in 1998. Treatment to date has included medications, physical and psychotherapy. Currently, the IW complains of neck, low back, and bilateral arm and leg pain. He has reduced sensation to light touch on the C6, C7 and C8 dermatomes bilaterally, and some slightly reduced sensation to light touch in the left L5 distribution, otherwise, sensation to light touch and proprioception was grossly intact in the upper and lower extremities. There was tenderness to palpation throughout the cervical spine and bilateral cervical spinal regions with spasm noted in the bilateral lower paraspinal regions. There was also tenderness to palpation through the thoracic spine, and tenderness to palpation in the lumbar spine and bilateral paraspinal regions. Seated straight-leg raise is negative bilaterally. Deep tendon reflexes in the upper and lower extremities were 2+/4 and symmetrical bilaterally. Plans were for Bilateral L3-4 transforaminal epidural steroid injection, and continuation of the IW's current medication regimen. On 12/16/2014 Utilization Review non-certified a request for Bilateral L3-4 transforaminal epidural steroid injection, noting the clinical findings did not

support the medical necessity of the treatment. The MTUS, Chronic Guidelines, (or ODG) were cited. On 12/30/2014, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4 transforaminal epidural steroid injection: Upheld

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

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

Decision rationale: Bilateral L3-4 transforaminal epidural steroid injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The documentation does not indicate physical exam findings of radiculopathy in the proposed area for epidural steroid injection. For this reason the request for epidursal steroid injection is not medically necessary.