

Case Number:	CM15-0019270		
Date Assigned:	02/09/2015	Date of Injury:	12/10/2013
Decision Date:	03/31/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 29 year old male who sustained an industrial injury on 12/10/13. The injured worker reported symptoms in the neck, back and left knee. The diagnoses included cervical myalgia, cervical myospasms, cervical radiculitis, neuritis, lumbar myalgia, and lumbar neuritis/radiculitis. Treatments to date include physical therapy and chiropractic treatment. In a progress note dated 11/18/14 the treating provider reports the injured worker was with intermittent neck, low back and left knee pain increased with walking. On 1/29/15 Utilization Review non-certified the request for a lumbar epidural steroid injection. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The patient presents with intermittent neck pain which radiates to left shoulder and leg, left knee pain rated 05/10 that radiates to the leg, and low back pain rated 08/10. The request is for LUMBAR EPIDURAL STEROID INJECTION. The RFA provided is dated 01/22/15. Patient's diagnosis included cervical myalgia, cervical myospasms, cervical radiculitis, neuritis, lumbar myalgia, and lumbar neuritis/radiculitis. MR Iof the cervical spine performed on 03/20/14 demonstrated mild loss of lordosis, C4-C5: there is a 1mm bulge. MRI of the lumbar spine performed on 03/20/14 demonsttraed a 2-3 mm left greater than right bulge or protrusion with mild to moderate left greater than right neural foraminal stenosis at L3-L4. Patient is temporarily totally disabled. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESIinjections." In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The patient presents with radicular symptoms down the left leg. However, MRI only shows bulging discs with RIGHT sided foraminal stenosis at L3-4. Examination was not helpful in diagnosing radiculopathy. Given the lack of correlation between the patient's radicular symptoms and MRI findings, an ESI would not be indicated. The request IS NOT medically necessary.