

Case Number:	CM15-0110475		
Date Assigned:	06/17/2015	Date of Injury:	03/01/2014
Decision Date:	07/15/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female, who sustained an industrial injury on 3/1/14. She reported injury to back and neck following slipping at work. The injured worker was diagnosed as having L4-5 spondylolisthesis and stenosis, C5-6 (HNP) herniated nucleus pulposus with cord impingement and uncontrolled diabetes. Treatment to date has included physical therapy, medications and activity restrictions. (MRI) magnetic resonance imaging of cervical spine performed on 9/16/14 revealed C4-5 focal 3mm and C5-6 4mm central posterior disc protrusion abuts the ventral surface of the spinal cord. (MRI) magnetic resonance imaging of lumbar spine performed on 4/24/15 revealed early disc desiccation at L4-5 and L5-S1, grade I anterolisthesis of L4 over L5, L4-5 diffuse disc protrusion with left preponderance compressing the thecal sac and spinal cord stenosis and L5-S1 diffuse disc protrusion with effacement of the thecal sac. (EMG) Electromyogram/ (NCV) Nerve Condition Velocity studies of lower extremities performed on 3/4/15 were read as normal. She is working on modified duties. Currently, the injured worker complains of back pain with radiation to legs, along with neck pain, headaches and decreased range of motion of neck. Physical exam revealed difficulty getting from sitting to standing position, antalgic gait, tenderness to palpation in low back and radicular symptoms down lateral aspect of legs with numbness and tingling. The treatment plan included request for authorization for cervical and lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at C5-C6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46.

Decision rationale: The claimant sustained a work-related injury in March 2014 and continues to be treated for neck pain and radiating low back pain. An MRI of the cervical spine in September 2014 showed degenerative disc disease without neural compromise. EMG/NCS testing in March 2015 showed findings of bilateral carpal tunnel syndrome. When seen, she had pain radiating into the lower extremities, neck pain, headaches, and worsening decreased cervical spine range of motion. There was positive Spurling's testing with radicular findings. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents positive Spurling's testing without documentation of specific neurologic deficit affecting the upper extremities. Imaging and subsequent electrodiagnostic testing does not show findings of radiculopathy. The request was not medically necessary.