

Case Number:	CM15-0111812		
Date Assigned:	06/18/2015	Date of Injury:	11/18/2012
Decision Date:	07/16/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/10/2015

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: 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 is a 50-year-old female, who sustained an industrial injury on 11/18/2012. She reported pain in her low back and cervical and thoracic spine, while moving stock items. The injured worker was diagnosed as having cervical spondylosis without myelopathy, lumbosacral spondylosis, and carpal tunnel syndrome. Treatment to date has included diagnostics, physical therapy, functional restoration, program, and medications. Currently, the injured worker complains of increased low back pain, radiating down her left lower extremity. She also reported spasms in her back and legs. Medications provided a 30% reduction in pain in the axial neck and low back. Medication use included Naproxen, Pantoprazole, and Cyclobenzaprine. She reported her increased cervical pain, likely due to deterioration of her previously prescribed cervical pillow. She reported difficulty sleeping and morning stiffness with pain in her neck and shoulders. Electrodiagnostic studies of the lower extremities (3/2013) were normal. X-rays of the lumbar spine (11/2012) noted degenerative findings. Exam of the lower extremities noted normal muscle tone, motor strength 3/5 in left lower leg flexion, and 4/5 in thigh flexion and lower leg extension. Spasm and guarding were noted in the lumbar spine and straight leg raise was positive on the left. The treatment plan included lumbar epidural steroid injection at L4-L5, each additional level x2, lumbar epidurogram, fluoroscopic guidance, and intravenous sedation. Her work status was permanent and stationary.

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 L4-5, each additional level x2 with lumbar epidurogram and fluoroscopic guidance and IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 04/30/2015) - Online Version.

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

Decision rationale: Lumbar epidural steroid injection at L4-5, each additional level x2 with lumbar epidurogram and fluoroscopic guidance and IV sedation is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of 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 electrodiagnostic testing. The documentation does not indicate physical exam findings of radiculopathy in the proposed area for epidural steroid injection corroborated with objective imaging studies or objective electrodiagnostic testing. The March 2013 electrodiagnostic studies were reported negative. There are no objective MRI studies for review. For this reason, the request for epidural steroid injection is not medically necessary.