

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0116833 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 10/27/2009 |
| Decision Date: | 07/24/2015 | UR Denial Date: | 06/05/2015 |
| Priority: | Standard | Application Received: | 06/17/2015 |

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: Emergency 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 46 year old female who sustained an industrial injury on 10/27/09 from a rear-end motor vehicle accident where her head hit the window and dashboard and felt immediate pain in her head; neck; chest; upper, mid and low back; both legs; both shoulders and both hands. She was medically evaluated and given a cervical collar and medications. She attended physical therapy and received medications which were ineffective. She had several MRI's which were reported as abnormal (per 5/15/15 note). She saw pain management and received injections to her neck and back without improvement. She currently complains of constant neck pain (9/10) radiating to bilateral shoulders and hands with numbness and tingling right greater than left; constant low back pain (9/10) radiating into the buttocks , and bilateral legs with numbness and tingling. On physical exam the was tenderness over the paraspinal musculature radiating to bilateral trapezius, facet tenderness on palpation, decreased range of motion; right shoulder demonstrated decreased range of motion, positive impingement sign; right elbow had decreased range of motion; there was tenderness of the paraspinal musculature and facet tenderness of the lumbar spine, tenderness to the sacroiliac area, positive Fabre's/ Patrick, sacroiliac thrust, Yeoman's, Kemp's tests. She has difficulty performing activities of daily living. Medications are naproxen, muscle relaxant, Lyrica, gabapentin, sleeping pill. Diagnoses include cervical disc disease; complex regional pain syndrome, right upper extremity; status post right shoulder arthroscopy, X2; lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome; right S1 radiculopathy. Diagnostic include electromyography/ nerve conduction velocity study showing right S1 radiculopathy; MRI of the lumbar spine (12/11/09) showing facet arthropathy.

On 5/15/15 the treating provider's plan of care includes a request for right L4-5 and right S1 transforaminal epidural steroid injection, X2. The injured worker has radicular symptoms on physical exam and neuroforaminal stenosis and nerve root compression on MRI and electrodiagnostic studies show S1 radiculopathy on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection for the right L4-L5 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the American Medical Association Guides, 5th Edition, pages 382 - 383.

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

Decision rationale: The requested Transforaminal epidural steroid injection for the right L4-L5 x 2, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials; and note in regard to repeat injections: "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 injured worker has constant neck pain (9/10) radiating to bilateral shoulders and hands with numbness and tingling right greater than left; constant low back pain (9/10) radiating into the buttocks, and bilateral legs with numbness and tingling. On physical exam there was tenderness over the paraspinal musculature radiating to bilateral trapezius, facet tenderness on palpation, decreased range of motion; right shoulder demonstrated decreased range of motion, positive impingement sign; right elbow had decreased range of motion; there was tenderness of the paraspinal musculature and facet tenderness of the lumbar spine, tenderness to the sacroiliac area, positive Fabere's/Patrick, sacroiliac thrust, Yeoman's, Kemp's tests. The treating physician has not documented current evidence of radiculopathy, including deficits in dermatomal sensation, reflexes and muscle strength, as well as insufficient criteria percentage and duration of relief from previous injections. The criteria not having been met, the request for Transforaminal epidural steroid injection for the right L4-L5 x 2 is not medically necessary.

Transforaminal epidural steroid injection at the right S1 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and the American Medical Association Guides, 5th edition, pages 382 - 383.

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

Decision rationale: The requested Transforaminal epidural steroid injection at the right S1 x 2, is not medically necessary. California Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials; and note in regard to repeat injections: "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 injured worker has constant neck pain (9/10) radiating to bilateral shoulders and hands with numbness and tingling right greater than left; constant low back pain (9/10) radiating into the buttocks, and bilateral legs with numbness and tingling. On physical exam there was tenderness over the paraspinal musculature radiating to bilateral trapezius, facet tenderness on palpation, decreased range of motion; right shoulder demonstrated decreased range of motion, positive impingement sign; right elbow had decreased range of motion; there was tenderness of the paraspinal musculature and facet tenderness of the lumbar spine, tenderness to the sacroiliac area, positive Fabere's/Patrick, sacroiliac thrust, Yeoman's, Kemp's tests. The treating physician has not documented current evidence of radiculopathy, including deficits in dermatomal sensation, reflexes and muscle strength, as well as insufficient criteria percentage and duration of relief from previous injections. The criteria not having been met, the request for Transforaminal epidural steroid injection at the right S1 x 2 is not medically necessary.