

Case Number:	CM15-0117616		
Date Assigned:	06/25/2015	Date of Injury:	08/03/2013
Decision Date:	07/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/18/2015

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 39 year old male who reported an industrial injury on 8/3/2013. His diagnoses, and/or impressions, are noted to include: cervical and lumbar sprain/strain; radiculopathy; lumbar disc disorder and pain; chronic pain disorder; and post-traumatic stress disorder. No current electrodiagnostic or imaging studies were noted. His treatments were noted to include psychological evaluation and treatment; chiropractic treatments; medication management; and temporary rest from work. The progress notes of 3/20/2015 reported constant, moderate-severe cervical, lumbar, lumbosacral and lower extremity pain, associated with needle sensation to the lumbar region and aching to the posterior thigh/calves/sole of feet bilaterally. It was noted that he last worked on 5/3/2013; 3 months prior to this injury. Objective findings were noted to include no acute distress; decreased thigh and calf circumference on the left; decreased grip strength on the left; decreased left Achilles deep tendon reflex; positive cervical Waddell's sign with cervical, lumbar and truncal rotation; axial and lower extremity pain with left sacroiliac radiculopathy. The physician's requests for treatments were noted to include transforaminal epidural steroid injection bilaterally at the sacroiliac and lumbar level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection, Interlaminar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any specific correlating myotomal and dermatomal neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, progressive neurological deficit, or red-flag conditions to support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Cervical epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. Criteria for the epidurals have not been met or established. The Cervical epidural steroid injection, Interlaminar is not medically necessary and appropriate.