

Case Number:	CM15-0173358		
Date Assigned:	09/08/2015	Date of Injury:	01/21/2009
Decision Date:	10/14/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/02/2015

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: Family Practice

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 59 year old, male who sustained a work related injury on 1-21-09. The diagnoses have included lumbar disc disease, lumbar facet syndrome, lumbar radiculopathy, cervical radiculopathy and cervical discopathy. He is currently being treated for neck and low back pain. Treatments in the past include a lumbar epidural steroid injection (7-3-15, 50% to 60% improvement of radicular symptoms for six to eight weeks), physical therapy (unknown number of sessions), chiropractic therapy (unknown number of sessions), oral medications, rest, activity modifications, and home exercises. Current treatments include medications and home exercises. Medications he is currently taking include Norco. In the progress notes dated 1-30-15 through 8-5-15, the injured worker reports low back pain which he rates an 7-8 out of 10. He complains of neck pain that travels to his left arm. On physical exam, the cervical spine reveals trace axial head compression and a positive Spurling sign. He has normal range of motion in neck. He has decreased sensation to pinprick and light touch in the left C6 dermatome. He has 5 out of 5 muscle strength in arms except for the left elbow flexor which is 4 out of 5 and the left wrist extensor which is 4 out 5. For the lumbar spine, he has diffuse tenderness over the paraspinal muscles. He has tenderness and spasm over the lumbar paravertebral muscles. He has severe facet tenderness from L4 through S1. He has negative sciatic notch tenderness, Lasegue and Bowstring tests. He has positive Kemp's test. He has a positive straight leg raise with right leg at seated is 70 degrees and supine is 60 degrees. He has positive left leg straight leg raises seated is 60 degrees and supine is 50 degrees. He has a positive Farfan test with both legs. He has lumbar range of motion with lateral bending to the right is 25 degrees and to the left is 20

degrees. Flexion is 55 degrees and extension is 10 degrees. Sensation tests to legs reveal sensation to pinprick and light touch is decreased in the bilateral L4 and L5 dermatomes. He has diminished muscle strength in right foot invertor, right and left big toe extensors in both big toes and with bilateral knee extensors. MRI of cervical spine dated 5-4-15 reveals congenital stenosis of cervical canal secondary to short pedicles with decreased cerebrospinal fluid space (csf) around the cord. C3-4 effacement of csf space anteriorly with a small central disc bulge. C5-6 left paracentral disc protrusion and foraminal narrowing that is placing the left C6 root at increased risk for impingement. He is not working. The treatment plan includes lumbar transforaminal epidural steroid injections and cervical transfacet epidural steroid injections. The Request for Authorization, dated 8-5-15, requests bilateral L4-5 and bilateral L5-S1 transforaminal epidural steroid injections, left C5-6 transfacet epidural steroid injections x 2 and for a urine drug screen. The Utilization Review, dated 8-25-15, non-certified bilateral L4-5 and bilateral L5-S1 transforaminal epidural steroid injections because there was lack of functional improvement and decreased medication usage. Does not meet guideline criteria. The left C5-6 transfacet epidural steroid injection x 2 is non-certified because there is no current diagnostic study to corroborate the presence of cervical radiculopathy. "The cervical MRI study is four years old." The urine drug screen was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 and bilateral L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. The MTUS guidelines, state that 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 medical records note that the injured worker has undergone prior lumbar epidural steroid injection with improvement. However, the medical records do not establish specific objective functional improvement or decrease in medication use to support the request for repeat injections. The request for Bilateral L4-L5 and bilateral L5-S1 transforaminal epidural steroid injection is not medically necessary and appropriate.

Left C5-C6 transfacet epidural steroid injection, #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. The injured worker has evidence of cervical radiculopathy corroborated with recent cervical spine imaging. However, the request for two injections is not supported. As per the MTUS guidelines, 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. Modification cannot be rendered in this review. The request for Left C5-C6 transfacet epidural steroid injection, #2 is therefore not medically necessary and appropriate.