

Case Number:	CM15-0069946		
Date Assigned:	04/17/2015	Date of Injury:	06/25/2013
Decision Date:	05/18/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/13/2015

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 (IW) is a 56-year-old male who sustained an industrial injury on 06/25/2013. Diagnoses include cervical disc disorder, cervical spinal stenosis, cervical radiculopathy, lumbar radiculopathy, lumbar spinal disorder and lumbar disc disorder. Treatment to date has included medications, acupuncture, chiropractic therapy, physical therapy and home exercise program. Diagnostics included MRIs and electroneurodiagnostic testing. According to the Pain Management Re-Evaluation dated 12/22/14, the IW reported pain in the neck and the low back. MRIs of the cervical and lumbar spine showed multiple disc bulges in both regions. A request was made for cervical epidural steroid injection at C7-T1 level with fluoroscopy and lumbar epidural steroid injection at L5-S1 with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C7-T1 level with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic neck, low back, and knee pain. The claimant has right knee pain due to prepatellar bursitis and surgery is being planned. When seen, he was having pain radiating into the right upper extremity with numbness and tingling. Physical examination findings included positive Spurling and straight leg raising with decreased right upper extremity and right lower extremity strength. There was decreased right hand sensation. EMG/NCS testing of the upper extremities had been negative for radiculopathy and testing of the lower extremities was positive for an S1 radiculopathy. An MRI of the cervical spine was negative for neural compromise. An MRI of the lumbar spine had shown varying degrees of foraminal compromise. 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 neural tension signs, strength, and sensory deficits consistent with cervical and lumbar radiculopathy. However, in the cervical spine, both imaging and EMG/NCS testing was negative and do not corroborate a diagnosis of radiculopathy. Therefore, the requested cervical epidural steroid injection was not medically necessary.

Lumbar epidural steroid injection at L5-S1 with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic neck, low back, and knee pain. The claimant has right knee pain due to prepatellar bursitis and surgery is being planned. When seen, he was having pain radiating into the right upper extremity with numbness and tingling. Physical examination findings included positive Spurling and straight leg raising with decreased right upper extremity and right lower extremity strength. There was decreased right hand sensation. EMG/NCS testing of the upper extremities had been negative for radiculopathy and testing of the lower extremities was positive for an S1 radiculopathy. An MRI of the cervical spine was negative for neural compromise. An MRI of the lumbar spine had shown varying degrees of foraminal compromise. 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 neural tension signs, strength, and sensory deficits consistent with cervical and lumbar radiculopathy. However, the claimant has complaints of radiating neck pain. Therefore, since there are no lower extremity radicular complaints, the requested lumbar epidural steroid injection is not medically necessary.

