MAXIMUS Federal Services

Case Number:	CM15-0094198		
Date Assigned:	05/20/2015	Date of Injury:	12/15/2008
Decision Date:	06/24/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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(n) 49 year old male, who sustained an industrial injury on 12/15/08. He reported pain in his neck, back and shoulders. The injured worker was diagnosed as having lumbar radiculopathy, cervical radiculopathy and lumbar spine herniated nucleus pulposus. Treatment to date has included a lumbar MRI on 2/25/15 showing disc protrusions at L5-S1, L4-L5 and L3-L4, physical therapy and an EMG/NCV study. As of the PR2 dated 3/17/15, the injured worker reports persistent, moderate pain in his cervical spine, bilateral shoulder and lumbar spine. He also indicated radiating lumbar spine pain through his right leg into his right foot with associated numbness and tingling sensation. The treating physician noted palpable tenderness, myospasms and restricted range of motion is elicited with pain. The treating physician requested an intralaminar epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intralaminar epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, interlaminar epidural steroid injection at L5-S1 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks. Etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. Etc. See the guidelines for details. In this case, the injured worker's working diagnoses are axial neck pain; cervical spine stenosis; cervical spine sprain/strain; cervical spine radiculopathy; cervical spine herniated nucleus pulposis; status post ACDF at C4-C5, C5-C6, and C6-C7; intra-substance tear supraspinatus tendon bilateral shoulders; sciatica; lumbar spine pain; lumbar spine radiculopathy; lumbar spine herniated nucleus pulposis. Subjectively, according to an April 14, 2015 progress note, the injured worker complains of lumbar spine pain that radiates to the right leg and right with numbness and tingling. Objectively, there are no significant neurologic findings noted on examination. There is no sensory examination/dermatome examination. There are no electrodiagnostic studies to corroborate the presence of radiculopathy. MRI showed 5.2 mm posterior disc protrusion at L5-S1 and a 4.1 mm posterior disc protrusion L4-L5 and a 3.6 mm left posterior lateral disc protrusion L3-L4 and the 3.0 mm right lateral protruding distal component. Consequently, absent clinical documentation with positive neurologic findings with objective evidence of radiculopathy and corroboration with MRI and electrodiagnostic studies, interlaminar epidural steroid injection at L5-S1 is not medically necessary.