

Case Number:	CM15-0097672		
Date Assigned:	05/28/2015	Date of Injury:	12/26/2013
Decision Date:	07/01/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 68 year old male who sustained an industrial injury on 12/26/13 when he was in a rear-end motor vehicle accident resulting in neck pain initially. He was diagnosed with sprain/ strain cervical, lumbar, thoracic spine. He was medically evaluated and had an electromyography and MRI, eight sessions of acupuncture. He currently complains of neck pain and low back pain radiating to the right leg. His activities of daily living are limited as far as sitting or standing for more than 5 minutes without pain. He cannot walk for more than 10 minutes. His pain level at that point is 6-7/10. He recently retired to care for his wife. On physical exam there was no tenderness on palpation of the cervical, thoracic or lumbar spine. The shoulder range of motion was decreased. Medications were Etodolac, orphenadrine but he has not been taking medications because prior to his recent retirement he was a driver. Diagnoses include lumbosacral sprain/ strain with no evidence of radiculopathy; well-compensated mid-thoracic scoliosis; cervical spine sprain/ strain with no evidence of radiculopathy; grip loss in both upper extremities, etiology undetermined; cervical and lumbar degenerative disc disease; cervical and lumbar facet arthropathy; cervicgia; lumbar radiculitis. Treatments to date include acupuncture, medications, chiropractic treatments without significant benefit, right lumbar facet interarticular injection (9/5/14) with no significant relief. Diagnostics include electrodiagnostic study reveals proximal abnormality of the fibular and tibial nerve on the left but cannot confirm lumbar radiculopathy; MRI of the cervical spine (6/18/14) shows multilevel foraminal stenosis, small disc bulges throughout the cervical spine, no evidence of acute traumatic injury; MRI of the lumbar spine (6/18/14) shows mild degenerative changes with high grade spinal canal or

foraminal stenosis. In the progress note dated 3/18/15 the treating provider's plan of care includes awaiting approval for requested right lumbar epidural steroid injection at L4-5 to try to decrease pain, increase function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Epidural Steroid Injections (LESI) at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter.

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

Decision rationale: The injured worker sustained a work related injury on 12/26/13. The medical records provided indicate the diagnosis of sprain/ strain cervical, lumbar, thoracic spine. He was medically evaluated and had an electromyography and MRI, eight sessions of acupuncture. The medical records provided for review do not indicate a medical necessity for right Lumbar Epidural Steroid Injections (LESI) at L4-L5. The MTUS guidelines for epidural steroid injection requires that the condition must have been initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. muscle relaxants).The medical records reviewed do not indicate the injured worker has a documented evidence of radiculopathy in the Lumbar MRI that was done. There was no electrodiagnostic study report provided for review. Therefore, the request is not medically necessary.