

Case Number:	CM14-0156393		
Date Assigned:	10/06/2014	Date of Injury:	01/12/2012
Decision Date:	11/06/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/24/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old man who sustained a work-related injury January 12, 2012. Subsequently, he developed chronic neck and low back pain. On April 10, 2014, the patient had a cervical ESI with 75% reduction of pain. On May 15, 2014, the patient underwent left knee arthroscopic surgery. MRI scan of the cervical spine done on November 14, 2013 showed C6-7 and C7-T1 left foraminal narrowing with degenerative changes at these 2 levels. No significant central canal stenosis and no significant right foraminal narrowing. MRI scan of the lumbar spine done on November 14, 2013 showed minimal multilevel degenerative disc disease, but there is a broad based disc bulge at L4-5, which contributes to left lateral recess stenosis mild with contact of the traversing L5 nerve root. According to a progress report dated August 12, 2014, the patient reported pain in his neck and lower back with radiation into the left leg and left knee. His pain level fluctuates depending on activity level. His average pain level is at 4/10 with medications and 8/10 without medications. In addition to pain, he also complained of abnormal gait, back pain, joint pain, joint stiffness, joint swelling, muscle spasms, numbness, and weakness but no tingling. He reported he is performing his home exercise program as outlined by prior physical therapy. He was not recommended surgery to the cervical spine but conservative care to the lumbar spine. Examination of the cervical spine revealed spasm and tenderness on both sides of the paravertebral muscles. Spurling's maneuver causes pain in the muscles of the neck radiating to upper extremity. Examination of the lumbar spine revealed spasm and tenderness on both sides of the paravertebral muscles. Spinous process tenderness is noted on L5 and S1. Lumbar facet loading is negative on both the sides. Straight leg raising test is negative. Motor examination grossly normal for the bilateral lower extremities. All lower extremity reflexes are equal and symmetric. The patient was diagnosed with knee pain, lumbar radiculopathy, disc

disorder lumbar, pain in joint of shoulder, disc disorder cervical, and cervical radiculopathy. The provider requested authorization for Lumbar ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI L5-S1 bilateral: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no evidence that the patient has been unresponsive to conservative treatments. Furthermore, there is no recent clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, lumbar epidural steroid injection is not medically necessary.