

Case Number:	CM13-0007089		
Date Assigned:	09/04/2013	Date of Injury:	07/02/2003
Decision Date:	01/31/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain management and is licensed to practice in Georgia. 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 physician 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 claimant is a 51 year old female presenting with chronic pain following a work related injury on 7/02/2003. The claimant described the pain as radiating from neck down both arms. He reported increasing pain. The pain is associated with headache, muscle spasms and myalgias. The physical exam was significant for restricted range of motion with extension limited to 15 degrees limited by pain, paravertebral muscles, spasm, tenderness and tight muscle band, tenderness at the paracervical muscles and trapezius, and spurling's maneuver causes pain in the muscles of the neck radiating to upper extremity Electrodiagnostic study was significant for median neuropathy bilaterally, ulnar neuropathy at the elbow. MRI of the cervical spine was significant minor disc bulging at C3/4 and C6/7. The claimant was diagnosed with spasm of muscles, cervical spondylosis, and degenerative disc disease of the lumbar spine. The claimant's relevant medications included Ibuprofen and Lidocaine. The medical records noted that the claimant was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C7-T1 QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 47.

Decision rationale: A cervical epidural steroid injection C7-T1 #1 for pain management is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The claimants medical records did not appropriately document radiculopathy as corroborated by physical exam or imaging studies. Additionally the imaging study does not demonstrate a nerve compression that would be responsive to an epidural steroid injection. Per MTUS guidelines page 47, the epidural steroid injection is not medically necessary.

Radiological supervision and interpretation QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 47.

Decision rationale: Radiological supervision and interpretation is not medically necessary. Based on the submitted codes for the cervical epidural steroid injection, radiological supervision and interpretation is bundled with the requested procedure. CA MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic

phase. We recommend no more than 2 epidural steroid injections." The claimants medical records did not appropriately document radiculopathy as corroborated by physical exam or imaging studies. Additionally the imaging study does not demonstrate a nerve compression that would be responsive to an epidural steroid injection. Per MTUS guidelines page 47, the epidural steroid injection is not medically necessary. Given the only reason in this case to request radiological supervision and interpretation is to perform a cervical epidural steroid injection which is not medically necessary, this request is also not medically necessary.

Fluoro guide for spine injection QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 47.

Decision rationale: Fluoro guide for spine injection is not medically necessary. Based on the submitted codes for the cervical epidural steroid injection, fluoro guide for spine injection is bundled with the requested procedure. CA MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The claimants medical records did not appropriately document radiculopathy as corroborated by physical exam or imaging studies. Additionally the imaging study does not demonstrate a nerve compression that would be responsive to an epidural steroid injection. Per MTUS guidelines page 47, the epidural steroid injection is not medically necessary. Given the only reason in this case to request fluoro guide for spine injection is to perform a cervical epidural steroid injection which is not medically necessary, this request is also not medically necessary.

IV infusion therapy QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: IV infusion therapy is not medically necessary. Based on the submitted codes for the cervical epidural steroid injection, IV infusion therapy is bundled with the requested procedure. CA MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The claimants medical records did not appropriately document radiculopathy as corroborated by physical exam or imaging studies. Additionally the imaging study does not demonstrate a nerve compression that would be responsive to an epidural steroid injection. Per MTUS guidelines page 47, the epidural steroid injection is not medically necessary. Given the only reason in this case to request IV infusion therapy is to perform a cervical epidural steroid injection which is not medically necessary, this request is also not medically necessary.