

Case Number:	CM13-0011425		
Date Assigned:	03/10/2014	Date of Injury:	02/11/2012
Decision Date:	04/25/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/14/2013

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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 46-year-old female with a 2/11/12 date of injury. At the time of the Decision for cervical epidural steroid injection with catheter to right under fluoroscopy and second right transforaminal lumbar epidural steroid injection at level L4-L5 with fluoroscopy guidance, there is documentation of subjective (neck pain radiating to the right upper extremity with numbness and tingling; and low back pain radiating to the right lower extremity) and objective (positive cervical compression test, positive Adson's test, decreased cervical and lumbar spine range of motion, 4/5 strength over the right knee and ankle, and positive right straight leg raise) findings, imaging findings (MRI cervical spine (4/20/12) report revealed disc protrusions at C5-C6 and C6-C7 which contact and flatten the thecal sacs with no evidence of central or neuroforaminal narrowing), current diagnoses (cervical radiculopathy and lumbar radiculopathy), and treatment to date (physical modalities, lumbar epidural steroid injection with 50% pain relief for 8 weeks, and medications). Medical report identifies a request for cervical epidural steroid injection at level C6-C7. Regarding cervical epidural steroid injection with catheter to right under fluoroscopy, there is no specific (to a nerve root distribution) documentation of objective radicular findings in the requested nerve root distributions and imaging findings at the requested levels. Regarding second right transforaminal lumbar epidural steroid injection at level L4-L5 with fluoroscopy guidance, there is no documentation of decreased need for pain medications and functional response following previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION WITH CATHETER TO RIGHT UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs)

Decision rationale: The MTUS/ACOEM Guidelines indicate that cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The Official Disability Guidelines indicate that documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities) are the criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of a diagnosis of cervical radiculopathy. In addition, there is documentation of a request for cervical epidural steroid injection at level C6-C7, subjective (pain and numbness) radicular findings in the requested nerve root distributions, and failure of conservative treatment (activity modification, medications, and physical modalities). However, despite non-specific documentation of objective findings (positive cervical compression test, positive Adson's test, and decreased cervical spine range of motion), there is no specific (to a nerve root distribution) documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distributions. In addition, given documentation of imaging findings (MRI cervical spine identifying disc protrusions at C6-C7 which contacts and flattens the thecal sacs with no evidence of central or neuroforaminal narrowing), there is no documentation of imaging findings at the requested levels. Therefore, based on guidelines and a review of the evidence, the request for cervical epidural steroid injection with catheter to the right arm under fluoroscopy is not medically necessary.

SECOND RIGHT TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION AT LEVEL L4-L5 WITH FLUOROSCOPY GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

Decision rationale: The MTUS/ACOEM Guidelines indicate that documentation of objective radiculopathy in an effort to avoid surgery is necessary to support the medical necessity of epidural steroid injections. The Official Disability Guidelines indicate that documentation of at least 50-70% pain relief for six to eight (6-8) weeks, with a general recommendation of no more than four (4) blocks per region per year, as well as decreased need for pain medications, and functional response, is necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of a diagnosis of lumbar radiculopathy. In addition, there is documentation of a previous lumbar epidural steroid injection with 50% pain relief for eight (8) weeks. However, there is no documentation of the decreased need for pain medications and functional response following a previous injection. Therefore, based on the guidelines and a review of the evidence, the request for second right transforaminal lumbar epidural steroid injection at level L4-L5 with fluoroscopy guidance is not medically necessary.