

Case Number:	CM13-0018431		
Date Assigned:	06/11/2014	Date of Injury:	09/05/1995
Decision Date:	08/14/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/29/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of September 5, 1995. A utilization review determination dated August 20, 2013 recommends non-certification of interlaminar epidural injections at C 3 - 4, C4 - 5, and C5 - 6. A progress note dated July 29, 2013 identifies subjective complaints of neck and back pain, a pain level rated at 7 to 10/10, increased pain on the left lower back since the last visit, increased pain down left anterior thigh, radiation of pain and numbness down both legs to feet, increased right leg weakness, report of a broken tooth following a fall due to legs giving way, completion of three chiropractic visits, report that chiropractic treatment is help being increased sleep to eight hours on the days of treatment, muscle spasm in back, taking Norco 10/325 mg 6 - 7 times a day, taking Elavil 10 mg 2 times a night, taking baclofen 20 mg four times a day, taking temazepam 15 mg 2 times a night, using Medrox patches, report that medications help decrease pain by about 50% and allow him to increase his walking distance by about 15 minutes, the pain medications also increase sleep by 2 to 4 hours at night, medications decrease muscle spasms, and the patient denies side effects to the medications. The patient filled out a pain diagram in which he indicated right fourth and fifth digit numbness, stabbing and aching pain od neck and right shoulder, and stabbing and aching low back pain with occasional sharp shocking pain that radiates down the posterior portion of both legs. Physical examination identifies decrease cervical range of motion in all planes limited by pain, decreased sensation of the right C8 dermatome, and 5/5 strength of bilateral deltoid, biceps, wrist flexors, and triceps. Diagnoses include status post shoulder surgery, status post lumbar fusion, degenerative disc disease of the lumbar spine with facet arthropathy and retrolisthesis at L 1 - 2, L 2 - 3 and L 3 - 4, lumbar radiculopathy, canal stenosis, degenerative disc disease of the cervical spine with facet arthropathy, and L1 compression fracture. The treatment plan recommends request for interlaminar epidural injections at C3-4, C4-5, and C5-6,

transforaminal epidural injection bilaterally at L 3 and L 4, dental consultation for cracked tooth, pain management consultation, and prescription for Norco 10/325 mg, prescription for Elavil 10 mg, prescription for temazepam 15 mg, prescription for baclofen 20 mg and Medrox patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERLAMINAR EPIDURAL INJECTION C3-4, C4-5, C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 and Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for a C3-4, C4-5, and C5-6 cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there is no indication that the patient has tried and failed conservative treatment, and there is no MRI or EMG nerve conduction study available for review to demonstrate radiculopathy. Furthermore, the guidelines recommend no more than one interlaminar level injected at one session. As such, the currently requested C3-4, C4-5, and C5-6 cervical epidural steroid injection is not medically necessary.