MAXIMUS Federal Services

Case Number:	CM13-0035686		
Date Assigned:	12/13/2013	Date of Injury:	12/03/1993
Decision Date:	02/27/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 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:

This is an injured worker with date of injury 12/03/1993. The patient was evaluated on September 17, 2013. The patient reported symptomatic neck and low back pain symptoms. Physical examination of the cervical spine revealed full range of motion in flexion and 50% decrease in extension period. There were no motor deficits in the upper extremities. There were no sensory deficits in the upper extremities. Reflexes were symmetrical and equal. Examination of the lower extremities revealed mild weakness of the left EHL. The sensation was intact. Reflexes were intact with the exception of an absent left Achilles reflex. There was a request for other cervical and lumbar epidurals to injection. The patient was evaluated on August 6th, 2013. The report indicated that the patient had undergone a second epidural steroid injection to the cervical spine. The patient reported some relief of symptoms although was still symptomatic with neck pain. The patient also reported pain and cramping in the left calf. Physical examination of the cervical spine revealed full range of motion in flexion and 50% decrease in extension period. There were no motor deficits in the upper extremities. There were no sensory deficits in the upper extremities. Reflexes were symmetrical and equal. Examination of the lower extremities revealed mild weakness of the left EHL. The sensation was intact. Reflexes were intact with the exception of an absent left Achilles reflex. There was a request for another lumbar injection at L4-5. The patient underwent a lumbar epidural steroid ejection of September 3, 2013. The patient underwent a cervical epidural injection at right C5 six on July 23, 2013. The patient previously has a cervical epidural injection on May 7, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd epidural steroid injection at left L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC-Pain (Chronic)(Updated 12/16/2013)-Epidural steroid injection (ESI).

Decision rationale: The Physician Reviewer's decision rationale: The most recent physical examinations revealed some focal findings consistent with objective radiculopathy including weakness in a myotome, and abnormal reflexes. The patient has had one lumbar epidural injection, but the reports fail to document greater than 50 % pain relief for six to eight weeks, coupled with objective functional improvement and reduction in medication usage from the last procedure. Therefore, there is no support for a second lumbar epidural steroid injection at this time

3rd epidural steroid injections at C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC-Pain (Chronic)(Updated 12/16/2013)-Epidural steroid injection (ESI).

Decision rationale: The Physician Reviewer's decision rationale: The patient was evaluated on August 6'", 2013. The report indicated that the patient had undergone a second epidural steroid injection to the cervical spine. The patient reported some relief of symptoms although was still symptomatic with neck pain. The patient also reported pain and cramping in the left calf. Physical examination of the cervical spine revealed full range of motion in flexion and 50% decrease in extension period. There were no motor deficits in the upper extremities. There were no sensory deficits in the upper extremities. The guideline does not support"series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In addition, there was no report of functional improvement, and decrease in pain medication requirement after the last two cervical epidural injections. Therefore the request for third epidural cervical spinal injection is not medically necessary.