

Case Number:	CM13-0035855		
Date Assigned:	06/11/2014	Date of Injury:	02/25/1999
Decision Date:	08/12/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/18/2013

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 & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 65-year-old male who reported an injury on 02/25/1999. The mechanism of injury was not submitted in the reports. The injured worker complained of neck pain, headaches and back pain. There was no measurable pain level documented in the report. A Physical examination of the cervical spine revealed right-sided muscle tenderness. The cervical spine was tender. There was pain noted when the neck was flexed anteriorly. There was pain noted with extension of the cervical spine. The injured worker reported painful left lateral rotation of the cervical spine. The injured worker reported painful right lateral rotation of the cervical spine. There were no ranges of motion or motor strength findings submitted in the reports. The submitted documents also lacked any diagnostic testing that the injured worker may have had in the past 15 years. The injured worker has diagnoses of cervical radiculopathy, lower spine radiculopathy, fibromyalgia/myositis, anxiety, acute stress and chronic depressive personality disorder. Past treatments that the injured worker has had include trigger point injections, epidural steroid injections, psychological evaluations and medication therapy. Medications include Xanax 0.25 mg 1 to 2 tablets twice a day for 30 days and Norco 10/325 mg tablets 1 tablet every 4 hours as needed for 60 days. The current plan is for a cervical epidural steroid injection at C6 and C7 under fluoroscopy and anesthesia and two lumbar epidural steroid injections under fluoroscopy and anesthesia. The rationale and request for authorization form were not submitted with the documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at c6-c7 under fluoroscopy and anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The request for Cervical Epidural Steroid Injection at c6-c7 under fluoroscopy and anesthesia is not medically necessary. The injured worker complained of neck pain, back pain and headaches. No measurable pain was documented. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing and it must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. The California MTUS guidelines recommend for repeat Epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The submitted report did not have evidence of the efficacy of prior injections. There was also not enough documentation showing whether the injured worker was initially unresponsive to conservative care. There was no documentation of the injured worker's pain levels. The injured worker did not have objective findings of radiculopathy documented on the most recent note. There was nothing noted to suggest that the injured worker would not benefit from a home exercise program. Furthermore, the guidelines stipulate that radiculopathy must be documented by physical examination and corroborated by imaging studies. The report did not have enough recent MRI and any recent objective findings. Therefore, the request for a cervical epidural steroid injection at C6-7 under fluoroscopy and anesthesia is not medically necessary.

Two lumbar epidural steroid injections under fluoroscopy and anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The request for Two Lumbar Epidural Steroid Injections under Fluoroscopy and Anesthesia is not medically necessary. The injured worker complained of neck pain, back pain and headaches. No measurable pain was documented. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing and it must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level

should be injected at one session. The California MTUS guidelines recommend for repeat Epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The submitted report did not have enough evidence of the efficacy of prior injections. There was also not enough documentation showing whether the injured worker was initially unresponsive to conservative care. The report also did not have enough documentation of the injured worker's pain levels. The injured worker did not have objective findings of radiculopathy documented on the most recent note. Furthermore, the submitted request does not specify where the 2 lumbar epidural steroid injections would be placed. Therefore, the request for two lumbar epidural steroid injections under fluoroscopy and anesthesia is not medically necessary.