

Case Number:	CM13-0055830		
Date Assigned:	12/30/2013	Date of Injury:	07/27/2002
Decision Date:	03/18/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/21/2013

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 Orthopedic Surgery has a subspecialty in Spine Surgery 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:

The patient is a 60-year-old injured worker with a date of injury of 7/27/02. At the time of request for authorization for cervical epidural steroid injection C7-T1 and lumbar epidural steroid injection L4-5, there is documentation of subjective finding of pain in the neck, shoulders, and low back with associated numbness, tingling, and weakness. Objective findings include tenderness in the neck and low back, and decreased lumbar and cervical range of motion. Imaging findings include CT of the lumbar spine dated 10/18/2012, revealing moderate bilateral foraminal stenosis at L4-5 (report not available for review) Current diagnoses include lumbago, lumbosacral neuritis or radiculitis, cervicgia, and cervical radiculitis. Treatment to date includes physical therapy, medications, and activity modification. The 11/1/13 medical report indicates cervical epidural injections (undated) provided the patient with short term pain relief. Regarding the requested cervical epidural steroid injection C7-T, there is no documentation of at least 50-70% pain relief for six to eight weeks. Regarding the requested lumbar epidural steroid injection L4-5, there is no documentation of subjective (pain, numbness, and tingling) and objective (sensory, motor, and reflex changes) radicular findings in the requested nerve root distribution and an imaging report.

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: Upheld

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

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 identify documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. The Official Disability Guidelines (ODG) identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of cervicgia and cervical radiculitis. In addition, there is documentation of previous cervical epidural steroid injections. However, given documentation of previous cervical epidural steroid injections with un-quantified short term pain relief, there is no documentation of at least 50-70% pain relief for six to eight weeks. The request for cervical epidural steroid injection C7-T1 is not medically necessary and appropriate.

Lumbar epidural steroid injection L4-5: Upheld

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

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 identifies documentation of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. Per the ODG guidelines the following criteria must be met to support the medical necessity of lumbar transforaminal epidural steroid injection using fluoroscopy. Criteria includes subjective findings of pain, numbness, or tingling in a correlating nerve root distribution; objective findings of sensory changes, motor changes, or reflex changes; radicular findings in each of the requested nerve root distributions; imaging findings, MRI, CT, Myelography, or CT Myelography and X-ray (nerve root compression or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels; failure of conservative treatment; and no more than two nerve root levels injected one session. Within the medical information available for review, there is documentation of diagnoses of lumbago and lumbosacral neuritis or radiculitis. In addition, there is documentation of failure of conservative treatment and no more than two nerve root levels were injected in one session. There is documentation of nonspecific subjective findings of low back pain with associated numbness, tingling, and weakness; radicular findings and objective findings, tenderness in the low back and decreased lumbar range of motion. However, there is no documentation of specific nerve root distribution of subjective pain, numbness, and

tingling; no objective findings of sensory, motor, and reflex changes; and no radicular findings in the requested nerve root distribution. In addition, despite documentation of the 11/1/13 medial report's, which reported findings of CT of the lumbar spine identifying moderate bilateral foraminal stenosis at L4-5, there was no documentation of an imaging report. The request for lumbar epidural steroid injection L4-5 is not medically necessary and appropriate.