

Case Number:	CM14-0006732		
Date Assigned:	02/07/2014	Date of Injury:	08/01/2011
Decision Date:	07/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/17/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Texas. 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 50-year-old male patient with an 8/1/11 date of injury. 12/10/13 medical record indicates persistent low back pain. Physical exam demonstrates lumbar tenderness, decreased range of motion, positive facet loading tests. Treatment to date has included medication, medial branch blocks, medication, and activity modification. Medial branch blocks have resulted in dramatic 90% relief, and the patient is considered for RFA. 1/14/14 progress report indicates persistent low back pain. Physical exam demonstrates non-specific findings. There is documentation of a previous 1/16/14 adverse determination for lack of a current or recent physical exam to corroborate cervical radiculopathy, and lack of a cervical MRI 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 W/ FLUOROSCOPIC GUIDANCE IN OFFICE (DISC OF RIGHT C6 RADICULOPATHY) QUANTITY :1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CERVICAL ESI Page(s): 46.

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. A formal imaging report was not made available for review. With recent dramatic relief following medial branch blocks, it is unclear whether the patient's complaints are secondary to radiculopathy. Therefore, the request for Cervical Epidural Steroid Injection W/ Fluoroscopic Guidance In Office (Disc Of Right C6 Radiculopathy) Quantity :1.00 was not medically necessary.