

Case Number:	CM14-0159171		
Date Assigned:	11/14/2014	Date of Injury:	06/05/2003
Decision Date:	12/22/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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

The patient is a 65-year-old female with a date of injury of 06/05/2003. According to progress report 08/15/2014, the patient presents with neck, low back, and bilateral knee pain. The treating physician states the patient requires epidural steroid injection to the cervical and lumbar spine due to "lumbar and cervical radicular components." Objective findings of the lumbar spine revealed tenderness in the lumbar spine. Range of motion is flexion 40, extension 20, left and right lateral tilt 50, left and right rotation 20. Examination of the cervical spine revealed range of motion flexion 30, extension 25, left and right rotation 25, left and right lateral tilt 25. Listed diagnoses are: 1. Protrusion 4 mm L3-L4 and L4-L5 with foraminal narrowing. 2. Compression fracture of L3. 3. Facet osteoarthropathy of lower lumbar spine. 4. Cervical pain. 5. Cervical radiculopathy. 6. Left knee pain, rule out internal derangement. 7. Reactive depression/anxiety. Progress report 02/21/2014 discusses an MRI of the lumbar spine, which was not provided for my review. The treating physician states that the MRI revealed "lumbar degenerative disk disease with broad-based disk protrusions at L3-L4 and L4-L5, both disks with lateral foraminal extensions. There is also evidence of annular tear at the L4-L5 level." The request is for cervical and lumbar epidural steroid injection as prior injections "facilitate significant diminution in pain and improved tolerance to standing or walking." Utilization review denied the request on 09/17/2014. Treatment reports from 02/21/2014 through 08/15/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection for the cervical spine: 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 ESI Page(s): 46-47.

Decision rationale: This patient presents with neck and low back pain. The current request is for an epidural steroid injection for the cervical spine. The MTUS Guidelines has the following regarding ESI under the chronic pain section page 46-47, "Recommended as an option for treatment of radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy." Review of the medical file indicates the patient underwent cervical steroid injection on 10/11/2013. Progress report 05/20/2014 states that prior epidural injection facilitate diminution in radicular pain component in the upper extremities; "however, relief is not as long term more recently." Progress reports immediately following the 10/11/13 ESI is not provided for review. For repeat injections during therapeutic phase, "Recommended documented pain and functional improvement includes at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." In this case, the treating physician states that prior injection provided reduction in radicular pain but does not document 50% or more decrease in pain and does not discuss medication reduction. MTUS further states that "there is insufficient evidence to make any recommendation for use of epidural steroid injections to treat radicular cervical pain." The request is not medically necessary and appropriate.

Epidural steroid injection for the lumbar spine: 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 ESI Page(s): 46-47.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for an epidural steroid injection for the lumbar spine. The MTUS Guidelines has the following regarding ESI under its chronic pain section pages 46-47, "Recommended as an option for treatment for radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy." In this case, MRI of the lumbar spine revealed disk protrusions at L3-L4 and L4-L5, but the patient does not describe dermatomal distribution of paresthesias. MTUS requires documentation of radiculopathy confirmed by MRI findings. In this case, there is no description of leg pain and there are no physical examination findings of radiculopathy as required by the MTUS guidelines. The request is not medically necessary and appropriate.

