

Case Number:	CM14-0179791		
Date Assigned:	11/04/2014	Date of Injury:	09/01/2012
Decision Date:	12/09/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/29/2014

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 Emergency Medicine, 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:

Patient with reported date of injury on 9/1/2012. Mechanism of injury was from lifting heavy containers of water and cumulative trauma. Patient has a diagnosis of pelvis joint pain, rotator cuff syndrome, internal derangement of knee, disc disease, cervicgia, lumbago, shoulder joint pain and leg joint pain. Medical reports reviewed. Last report available until 10/21/14. Progress note dated 10/21/14 has no actual documented subjective complaint but only a list of patient's medical problems, plan and lamenting denial of requested services by UR. Objective exam reveals neck spasms bilaterally to trapezius muscles, limited neck range of motion (ROM). Latissimus dorsi spasms. R shoulder exam shows crepitus and catching. Various positive signs that are not related to this review. Neurologic exam is "unremarkable" with no deficits. There is no exam of low back documented. Progress note dated 9/5/14 and 10/21/14 which detail request for epidural steroid injections has no subjective complaints documented except that the pains are limiting and that related history of low back, shoulder, knee and neck pains. There is no documentation of reasoning behind why ESI was requested. MRI of lumbar spine (9/2/14) revealed multilevel degenerative changes with spondylosis and facet arthropathy mostly to lower lumbar levels. Lateral recess compromise and mild central canal stenosis. Neural foraminal stenosis, severe to R L4-5 and L5-S1. MRI of Cervical spine (9/2/14) revealed bulging disc to C5-6 with compression of C5-6 root. No electrodiagnostic reports were provided for review. MR Arthrogram dated 9/10/14 was reviewed but is not relevant to this review. Noted medications are Zolpidem, Gabapentin, Naproxen and Omeprazole. Has reportedly received physical therapy. Independent Medical Review is for Epidural Steroid Injection (ESI) at L4-L5 and L5-S1 under fluoroscopy and Epidural Steroid Injection (ESI) at C5-C6 under fluoroscopy. Prior UR on 10/14/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient epidural steroid injection (ESI) at L4-L5 and L5-S1 for nerve root compression, under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 45.

Decision rationale: As per MTUS Chronic Pain guidelines, Epidural Steroid Injection(ESI) may be recommended as an option under specific criteria. Its primary purpose is to reduce pain and inflammation to avoid surgery or to allow increased active therapy. Basic criteria for approval:1)Radiculopathy is documented. Progress notes utterly fail to document any signs of radiculopathy with no proper back exam or neurological exam consistent with lumbar radiculopathy. Fails criteria.2)Initially unresponsive to conservative therapy. Providers have failed to document the existing plan and prior treatment. There is no documentation of failure of physical therapy with no noted number attempted or other attempted conservative attempts on the record. Reviewers do not have access to records not provided concerning prior treatment or can assume things based on vague poor documentation. Fails criteria.3)Treatment is to decrease pain, to allow pt to improve function and prevent surgery. There is no documentation of a plan for ESI to increase tolerance for physical therapy or to avoid surgery, it only notes plan is to decrease pain. Provider's "plan" to recommend surgical intervention if ESI was rejected is not appropriate and does not meet criteria. Fails criteria.4)Not more than 1 inter laminar level to be injected at any one time. Fails criteria.Patient has to meet all criteria to recommend ESI. Patient fails all basic criteria due to very poor documentation of subjective complaint, objective exam or appropriate rationale and plan for ESI. The request is not medically necessary.

Outpatient epidural steroid injection (ESI) at C5-C6 for nerve root compression, under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 45.

Decision rationale: As per MTUS Chronic Pain guidelines, Epidural Steroid Injection(ESI) may be recommended as an option under specific criteria. Its primary purpose is to reduce pain and inflammation to avoid surgery or to allow increased active therapy. Basic criteria for approval:1)Radiculopathy is documented. Progress notes utterly fail to document any signs of radiculopathy with only noted neck pain and spasms. No radicular signs or any neurological exam consistent with radiculopathy. Fails criteria.2)Initially unresponsive to conservative therapy. Providers have failed to document the existing plan and prior treatment. There is no

documentation of failure of physical therapy with no noted number attempted or other attempted conservative attempts on the record. Reviewers do not have access to records not provided concerning prior treatment or can assume things based on vague poor documentation. Fails criteria.3) Treatment is to decrease pain, to allow patient to improve function and prevent surgery. There is no documentation of a plan for ESI to increase tolerance for physical therapy or to avoid surgery, it only notes plan is to decrease pain. Provider's "plan" to recommend surgical intervention if ESI was rejected is not appropriate and does not meet criteria. Fails criteria. Patient has to meet all criteria to recommend ESI. Patient fails all basic criteria due to very poor documentation of subjective complaint, objective exam or appropriate rationale and plan for ESI. The request is not medically necessary.