

Case Number:	CM14-0021401		
Date Assigned:	02/24/2014	Date of Injury:	08/20/1993
Decision Date:	06/26/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/20/2014

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, 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 58 year-old female who was injured on 8/20/1993. She has been diagnosed with degenerative disc disease of the cervical spine with stenosis at C3/4, C4/5 and C5/6 with radicular pain towards the right shoulder; degenerative disc disease in lumbar spine; thoracic spondylosis; s/p right shoulder surgery; history of bariatric surgery. According to the 1/21/14 anesthesiology/pain management report from [REDACTED], the patient presents with moderate to severe low back pain and neck pain. She has pain radiating to the upper extremities bilaterally. The report does not have a physical exam of the neck or back, but the plan included a repeat cervical ESI and for lumbar medial branch blocks at L4/5 bilaterally. On 2/10/14, UR recommended non-certification for the cervical ESI, unknown level and for the bilateral L4/5 MBB.

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 UNKNOWN LEVEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines "Epidural steroid injections (ESIs) Recommended as an option for treatment of radicular pain.

Decision rationale: According to the 1/21/14 anesthesiology/pain management report from ■■■■■ the patient presents with moderate to severe low back pain and neck pain. The request is for cervical ESI at an unknown level. The prior ESI reports and follow-up visits were not provided for this IMR, nor were any MRI or electrodiagnostic studies. The 1/21/14 pain management report did not include a physical examination of the neck or lower back. The next most recent report available is dated 12/17/13 from ■■■■■, but it also does not include a physical examination. The 9/18/13 report from ■■■■■ measures grip strength, which is symmetric, and finds tender cervical paraspinals and slight decrease in motion. There was midline lumbar tenderness and decreased lumbar flexion and extension. Chronic Pain Medical Treatment Guidelines for ESI states radiculopathy must be documented. There is no physical exam on the 1/21/14 and 12/17/13 reports and the 9/18/13 report does not report a dermatomal pattern for the cervical spine, and there were not cervical exam findings suggestive of radiculopathy. The request for a cervical ESI, of unknown level without physical exam findings of radiculopathy is not in accordance with MTUS guidelines. Therefore the request is not medically necessary.

BILATERAL L4-5 DIAGNOSTIC MEDIAL BRANCH BLOCKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, 300

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, ODG low back chapter for diagnostic MBB

Decision rationale: According to the 1/21/14 anesthesiology/pain management report from ■■■■■, the patient presents with moderate to severe low back pain and neck pain. The request is for bilateral L4/5 medial branch blocks. There are no exam findings for the lumbar spine in the past 4-months. MTUS/ACOEM do not recommend lumbar facet injections, and state that lumbar RFA is questionable. ODG guidelines for lumbar diagnostic MBB states the the clinical presentation should consistent with facet joint pain, signs and symptoms. A physical examination was not performed on the lumbar spine, and there are no signs or symptoms reported that are consistent with facet joint pain. The request is not in accordance with MTUS/ACOEM or ODG guidelines, therefore the request is not medically necessary.