

Case Number:	CM14-0039739		
Date Assigned:	06/27/2014	Date of Injury:	08/20/2010
Decision Date:	08/21/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/04/2014

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 Occupational 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:

This is a 59-year-old female patient with an 8/20/10 date of injury. He injured himself when tripped, fell and hit his head to the wall. A progress report dated on 5/29/14 indicated that the patient complained of neck and lower back pain that was axial and sometimes radicular in nature, 8-9/10. Physical exam revealed limited range of motion in the cervical spine. There was decreased sensation to the light touch and pinprick in the entire left hand, tenderness to palpation over the cervical spine and upper trapezius paraspinal musculature. There were no sensory deficits appreciated in the lower extremities. X-ray dated on 3/2011 noted advanced facet degenerative changes at L3-S1. The 10/18/13 AME report noted diagnoses of cervical strain s/p C3-4 and C4-5 ACDF with internal fixation and nonunion at C4-5 per x-ray dated on 10/18/13. Diagnostic impression showed degenerative lumbar facet arthrosis, s/p C3-5 ACDF, Cervical spondylotic myelopathy, and Symptomatic C4-5 pseudoarthrosis. Treatment to date: medication management, TENS unit, physical therapy. There is documentation of a previous 4/4/14 adverse determination, based on the fact that there was no evidence of nerve root impingement on MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines (Epidural Steroid Injections) Page(s): 46.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The patient presented with neck and lower back pain which was intermittently radicular in nature. Physical exam revealed no sensory deficits appreciated in the lower extremities. However, the MRI study result noted in the UR decision was not available in the reviewed medical records. In addition, guidelines do not support epidural injections in the absence of objective radiculopathy. Therefore, the request for Lumbar Epidural QTY: 1 is not medically necessary.