

Case Number:	CM14-0050883		
Date Assigned:	07/07/2014	Date of Injury:	02/23/1998
Decision Date:	08/26/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/18/2014

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 is licensed to practice in Illinois. 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 injured worker is a 66-year-old female who reported an injury on 02/23/1998 (unspecified cause of injury). The injured worker complained of pain over the cervical spine with burning to the neck and arms. She had diagnoses of cervical spondylosis with radiculopathy; cervical stenosis - moderate at the C5-6, mild to moderate at the C4-5 and C6-7, mild at the C3-4 and C7-T1; lumbar spondylosis with radiculopathy; and neuropathic pain to the bilateral lower extremities. Her prior treatments included 3 cervical epidural steroid injections, aquatic therapy, failed acupuncture, and massage therapy (which was beneficial). On 03/05/2014, the injured worker had an epidural steroid injection to the L5-S1 with a 50% improvement to the back and leg pain. Her medications included Norco 10/325mg, Lexapro 20mg, and Gabapentin 600mg with pain rated at 5/10 with medication and 8-9/10 without pain medication. The objective findings dated 03/12/2014 from the examination of the cervical spine revealed bilateral cervical paraspinous tenderness with +1 palpation of the muscle spasms, flexion was 25 degrees and extension 20 degrees, with a positive Spurling's on the left. The injured worker had a urinalysis completed on 05/08/2014 with negative findings. The injured worker had an MRI of unknown date and unknown results. The treatment plan included continuation of the Norco, Lexapro, and Gabapentin. The request for authorization dated 07/07/2014 was submitted with the documentation. No rationale was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 epidural steroid injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, therapeutic.

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

Decision rationale: The request for C5-6 epidural steroid injection (ESI) under fluoroscopic guidance is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. However, current recommendations suggest a second epidural injection only if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short-term pain relief, and use should be in conjunction with other rehab efforts, including continuation of a home exercise program. There is little information on improved function. The Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery, nor do they provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. The radiculopathy must be documented by physical examination and corroborated by imaging studies and electrodiagnostic testing. The injured worker should be unresponsive to conservative treatment. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an inadequate response to the first. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. There should be no more than 2 nerve root levels injected using the transforaminal blocks. Per the clinical notes, the injured worker has had multiple epidural steroid injections to both the cervical and lumbar regions. Per the Guidelines, there is insufficient evidence for the use of epidural steroid injections for radicular cervical pain. Per the urinalysis dated 05/08/2014 was negative for opioids. In the clinical notes dated 05/08/2014, the injured worker rated her pain to be an 8-9/10 without her medications and 5/10 with her medications, and she had a 30%-40% improvement in function with her current medications. Therefore, the injured worker is non-compliant with the medication regimen. As such, this request is not medically necessary.

Transportation to and from epidural injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services-California, Criteria for Medical Transportation and Related Services, Chapter 12.1, R-15-98E.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Transportation.

Decision rationale: The request for transportation to and from epidural injections is non-certified. The Official Disability Guidelines recommended for medically-necessary

transportation to appointments in the same community for patients with disabilities preventing them from self-transport. The clinical notes did not support the medical necessity for transportation services. The clinical notes indicated that the injured worker had a decrease in pain. The request for the cervical epidural steroid injections was non-certified. As such, the request is non-certified.