

Case Number:	CM14-0065078		
Date Assigned:	07/11/2014	Date of Injury:	03/06/2011
Decision Date:	10/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/08/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 60-year-old male with a 3/6/11 injury date. The patient sustained an industrial injury but the mechanism is not provided. In a follow-up on 3/5/14, subjective findings included bilateral shoulder, lower back, and right lower extremity pain. His overall pain increased in the past month. He has numbness and increased low back pain with prolonged sitting. There is ongoing, burning neck pain that radiates to his shoulders with a 10/10 severity, left worse than right. There is burning low back pain that radiates to his buttocks. Objective findings include antalgic gait, inability to sit comfortably, and decreased range of motion of the cervical, thoracic, and lumbar spinal regions. There is a 5X5 cm mass at about C5, tenderness over the facets, and positive cervical facet loading. Strength testing is 4+/5 right wrist extensors and flexors and handgrip, and 4+/5 right quadriceps, hamstrings, EHL, ankle, plantar and dorsiflexion. The right lower extremity has a positive SLR and Faber's test. EMG of the upper extremities on 11/7/12 is normal. MRI of the cervical spine on 12/18/12 showed degenerative disc disease, facet Arthropathy, and Retrolisthesis of C5-6 and C6-7, canal stenosis of C3-4 and C4-5, and foraminal narrowing of C3-4 on the left. MRI of the lumbar spine on 12/18/12 showed degenerative disc disease, facet Arthropathy, and Retrolisthesis from L1-S1. Canal stenosis includes L2-3 and L4-5 with foraminal narrowing of left L1-2, bilateral L2-3, left L3-4, bilateral L4-5, and bilateral L5-S1. MRI of the thoracic spine on 3/9/12 showed mild dorsal spondylosis; most involved level is T6-7 where a right paracentral disc protrusion causes mild central spinal stenosis; also disc herniation at T8-9. Diagnostic impression: cervical and thoracic herniated discs, cervical and thoracic radiculopathy. Treatment to date: chiropractic care, acupuncture, lumbar brace, medications, physical therapy. A UR decision on 4/28/14 denied the request for cervical epidural steroid injection (ESI) on the basis that guidelines do not support more than one

interlaminar level injection at one session. The request for thoracic ESI was denied on the basis that there was no objective evidence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Epidural Steroid Injection with Catheter Placement C7-T1 to target C3-C4 and C4-C5: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter

Decision rationale: CA MTUS supports Epidural Steroid Injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. The previous UR review denied this request on the basis that "no more than a single interlaminar level can be injected in one session." However, it is clear from the current review of records that the request is for injection of a single interlaminar level (catheter placement at C7-T1) and two nerve root levels (target C3-4 and C4-5). This is what is recommended by the evidence-based guidelines. Therefore, the request for Interlaminar Epidural Steroid Injection with Catheter Placement C7-T1 to target C3-C4 and C4-C5 is medically necessary.

Interlaminar Epidural Steroid Injection T6-T7: 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 Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: CA MTUS supports Epidural Steroid Injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication

use for six to eight weeks was observed following previous injection. In the present case, there was no documentation of objective signs of thoracic radiculopathy such as increasing thoracic back pain with thoracic spine range of motion, and/or thoracic radicular pain in a dermatomal distribution. Therefore, the request for Interlaminar Epidural Steroid Injection T6-T7 is not medically necessary.