

Case Number:	CM13-0013925		
Date Assigned:	12/27/2013	Date of Injury:	07/10/1997
Decision Date:	12/10/2015	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/20/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 72-year-old man who developed with a work related injury on July 10, 1997. He subsequently developed chronic back pain, chronic neck pain, joint problem and chronic pain syndrome. According to the progress notes dated on July 11, 2013 and June 24 2013, the patient reported worsening of his pain which is located in her upper and lower back, legs, neck and thighs. The pain radiated to both upper and lower extremities. His symptoms were aggravated by resting and lying. The pain is improved with medications. His physical examination demonstrates cervical tenderness. There is tenderness on palpation of the lumbar paraspinal area with reduced range of motion. Using a numeric pain intensity scale, h, his pain without medication was 9/10 and with medications was 6/10. In the discussion section, the provider stated that the patient has chronic lumbar and cervical radicular pain. His MRI of the cervical and lumbar spine from January 3, 2015 demonstrated multiple levels of severe central and foraminal stenosis. His EMG/NCV was of 8/13/2013 was negative for radiculopathy. The patient's pain improvement with previous with previous; lumbar epidural injections. Spine surgery was recommended. The patient was treated with opioids, ibuprofen and senna. The provider requested authorization for caudal and cervical epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection: 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 Low back complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. There is no recent clinical and objective documentation of lumbar radiculopathy. Furthermore, the patient EMG/NCV was negative for lumbosacral radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309).

C7-T1 Epidural steroid injection: 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 Neck and Upper back pain Page(s): 173, 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. There is no electrodiagnostic documentation of radiculopathy. There is no clear documentation of failure of conservative therapies with compliance with first line therapies. MTUS guidelines does not recommend epidural injections for neck pain without radiculopathy (309). Therefore, the request for C7-T1 Epidural steroid injection is not medically necessary.