

Case Number:	CM14-0126191		
Date Assigned:	08/13/2014	Date of Injury:	09/14/2011
Decision Date:	01/07/2015	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/08/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 male who was injured on 9/14/2011. The diagnoses are lumbar radiculopathy, knees, low back and neck pain. There are associated diagnoses of depression, weight gain, insomnia and sexual dysfunction. The diagnostic studies of the lumbar spines was noted to show degenerative disc disease with disc bulge and annular tears on L4-5 and L5-S1 levels. The cervical spine was noted to show multilevel disc bulges. On 6/23/2014, [REDACTED] noted subjective complaint of low back pain radiating to the lower extremities associated with muscle spasm. There was pain and muscle spasm in the cervical spine. The patient had completed PT and 2 epidural steroid injections. The medications are Ketoprofen and Tramadol for pain and Orphenadrine for muscle spasm. There was no post epidural steroid injection evaluation report available for this review. A Utilization Review determination was rendered on 7/9/2014 recommending non certification for third epidural steroid injection for lower back and third cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third epidural injection for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections(ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injection can be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatment with medications and PT. It is recommended that epidural steroid injection can be repeated if there is documentation of significant pain relief, improvement in ADL/ functions and decrease in medication utilization following a prior epidural steroid injection. There is no documentation of the prior epidural injections available for this review. There is no post evaluation report showing beneficial effects of previous epidural injections. The criteria for third epidural steroid injection on the lower back was not met.

Third epidural injection for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections(ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Neck and Upper Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that cervical epidural steroid injection can be utilized for the treatment of cervical radiculopathy that did not respond to treatment with medications and PT. It is recommended that epidural steroid injection can be repeated if there is documentation of significant pain relief, improvement in ADL/ functions and decrease in medication utilization following a prior epidural steroid injection. There is no documentation of the prior epidural injections available for this review. There is no post evaluation report showing beneficial effects of previous epidural injections. The criteria for third cervical epidural steroid injection was not met.