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| Case Number: | CM14-0193276 | | |
| Date Assigned: | 12/01/2014 | Date of Injury: | 09/26/1992 |
| Decision Date: | 01/13/2015 | UR Denial Date: | 10/25/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

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 Emergency 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:

Patient with reported date of injury on 9/26/1992. No mechanism of injury was documented. Patient has a diagnosis of cervical disc disorder, lumbosacral neuritis, lumbar disc disorder and Brachial neuritis. Medical reports reviewed. Last report available until 10/17/14. Patient complains of chronic neck and low back pain. Cervical pain is severe 9/10, constant and radiates to both upper extremities. Low back pain is constant. Pain is 9/10. Objective exam reveals limited range of motion (ROM) of both cervical and lumbar spine. Noted positive Axial loading compression, Spurling's. Noted numbness to lateral forearm and hand over thumb and middle fingers. Strength to arms is 4/5 to wrist extensors, flexors, biceps, triceps and finger extensors. Medications were "refilled" but not a single medication is documented in the provided records. Request for referral was for Cervical and Lumbar Epidural Steroid injections. There is no plan documented for reasoning for CESI and LESI except for pain reduction. No prior conservative management was documented in provided documentation. MRI of lumbar spine (10/31/13) revealed L4-5 and L5-S1 with 3-5mm disc protrusions, annular tears and nerve root compression. Independent Medical Review is for Consult Pain management for CESI and LESI. Prior UR on 10/25/14 recommended modification for pain consultation for CESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with pain management for CESI and LSEI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

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

Decision rationale: Since request for referral is for Lumbar and Cervical epidural steroid injections, this review will review medical necessity of those procedures to determine if consultation is necessary. As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. 1) Patient does not even meet basic radicular criteria of LESI. There is no objective documentation or exam consistent with radicular pain in low back exam. There is exam consistent with weakness and radicular symptoms in cervical exam. However, there is no documented EMG/NCV or MRI of cervical spine reports that supports diagnosis. The lack of documentation fails criteria for both procedures.2) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI or CESI except for pain management. There is no long term plan. Fails criteria.3) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. There is no documentation of prior physical therapy and there is no documentation of appropriate medication treatment. Fails criteria.Patient fails multiple criteria for lumbar and Cervical epidural steroid injection. Consultation with pain specialist for LESI and CESI is not medically necessary.