MAXIMUS Federal Services

Case Number:	CM14-0200893		
Date Assigned:	12/11/2014	Date of Injury:	04/05/2011
Decision Date:	01/29/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehabilitation, has a subspecialty in Interventional spine 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:

The patient is a 56 year old female with an injury date of 04/05/11.Based on the progress report dated 06/16/14, the patient complains of pain in low back and neck which worsens due to prolonged sitting or standing. The patient also suffers from anxiety secondary to her pain. Physical examination of the cervical spine reveals 2+ tenderness and 1+ effusion along with slight reduction in range of motion and muscle strength. The range of motion of the lumbar spine is also limited. In progress report dated 06/09/14, the patient rates her pain as 6/10. Physical examination of the lumbar spine reveals positive spring test at L2-3 while examination of the cervical spine reveals positive spring test at C5-6. In progress report dated 05/01/14, the treater states that the patient's radiculopathy is characterized by pain and weakness of the right leg. Sensation to touch, pinprick and pain are reduced along the right median. Physical therapy has led to significant improvement in pain and range of motion, as per progress report dated 06/16/14. Medications, as per progress report dated 05/01/14, include Norco, Meloxicam and Baclofen for lumbar radiculopathy. The patient is also taking medications for diabetic neuropathy, insomnia, anxiety and hypertension. The patient has medically retired, as per progress report dated 06/16/14. MRI of the Lumbar Spine, 04/26/14:- Multilevel degenerative changes within the lumbar spine, particularly at L4-5 andL5-S1Disc desiccation throughout the lumbar spine- At L4-5, 3 -4 mm degenerative anterolisthesis; moderate facet arthropathy; moderate foraminal stenosis bilaterally- At L5-S1, 1-2 mm broad-based disc bulge; mild facet arthropathy; moderate foraminal narrowing on the right and mild-to-moderate foraminal narrowing on the left.MRI of the Cervical Spine, 04/18/14:- Mild degenerative disc disease of the cervical spine particularly at C4-5 through C6-7- At C4-5, 1mm disc osteophyte complex in the left paracentral region; Mild foraminal narrowing on the left- At C5-6, 2 mm broad-based

disc bulge/osteophyte complex asymmetric to the left paracentral/foraminal region; mild narrowing of the central canal; moderate-to-severe foraminal narrowing on the left and minimal foraminal narrowing on the right- At C6-7, 1-2 mm disc osteophyte complex with minimal central canal narrowingDiagnoses. 06/16/14:- Lumbago- Lumbar sprain- Cervicalgia- Sprain of neck- Cervical disc disorder- Lumbar disc disorder- Sprain of sacrum- Cervical radiculopathy- Lumbar radiculopathyThe treater is requesting for CERVICAL EPIDURAL STEROID INJECTION SERIES OF 3. The utilization review determination being challenged is dated 11/07/14. Treatment reports were provided from 04/16/14 - 06/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection series of 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with pain in low back and neck which worsens due to prolonged sitting or standing, as per progress report dated 06/16/14. The request is for CERVICAL EPIDURAL STEROID INJECTION SERIES OF 3. The pain is rated at 6/10, as per treater's report dated 06/09/14. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," The Guidelines also state that "Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence."In this case, the patient has received an epidural corticosteroid injection which provided relief for 4 months, as per progress report dated 05/01/14. The report, however, does not provide any additional details about this procedure. The patient suffers from neck pain and has been diagnosed with cervical radiculopathy, as per progress report dated 06/16/14. MRI of the cervical spine reflects foraminal and central canal narrowing at multiple levels. In progress report dated 05/09/14, the treater states that it "medically is necessary to have epidural steroid injection.." due to a diagnosis of radiculopathy and corroborating MRI evidence. However, none of the progress reports document radiating pain from the cervical spine to show radiculopathy. Additionally, MTUS Guidelines recommend no more than 2 ESI injections and one injection at a time. MTUS also states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The request IS NOT medically necessary.