MAXIMUS Federal Services

Case Number:	CM14-0200978		
Date Assigned:	12/11/2014	Date of Injury:	03/26/2009
Decision Date:	01/29/2015	UR Denial Date:	11/03/2014
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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 34 year old female sustained work related industrial injuries on March 26, 2009 while working as a caregiver. The mechanism of injury involved a motor vehicle accident while driving a client home after a medical appointment. She subsequently complained of severe neck, back and bilateral leg pain. The injured worker was diagnosed with cervical spine and lumbar spine degenerative disc disease and myofascial pain disorder. Treatment consisted of radiographic imaging, prescribed medications, consultations and periodic follow up visits. Most recent MRI of cervical spine dated May 31, 2014, revealed bulging disk at C5-C6 with C6 nerve compression. MRI of the lumbar spine dated May 31, 2014, revealed bulging disk at L4-L5 and L5-S1 with compression of the L5 nerve root in L4-L5 and L5-S1. Per pain management report dated September 29, 2014, the injured worker continues to have neck and lower back pain with radiation into her left leg. Documentation noted that the pain in her neck radiates to her fingers with severe tingling. Hypersensitivity at the C5-C7 nerve distribution bilaterally was also noted on exam. According to treating provider report dated November 12, 2014, physical exam revealed multiple areas of palpable rigidity suggesting muscle spasms in the cervical paraspinal and trapezius muscles and lumbar paraspinal regions. Documentation noted limited range of motions in all planes in the cervical and lumbar spine. As of October 15, 2014, the treating provider's recommendation is for modified work restrictions. The treating physician prescribed services for epidural steroid injections (ESI) at C5-C6, L4-5 & L5-S1.On November 3, 2014, the Utilization Review (UR) evaluated the prescription for epidural steroid injections at C5-C6, L4-5 & L5-S1 requested on October 20, 2014. Upon review of the clinical information, UR non-certified the request for epidural steroid injections at C5-C6, L4-5 & L5-S1, noting concern for ESI being performed simultaneously at two different regions of the spine in accordance with the

recommendations of the MTUS and the Official Disability Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at C5-C6, L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. 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. There is no documentation of radiculopathy at the levels of requested injections. MTUS guidelines do not recommend epidural injections performed simultaneously in the back and neck pain. MTUS guidelines do not recommend radiculopathy without clinical, neurophysiological and radiological signs of radiculopathy Therefore, the request for Epidural Steroid Injection at C5-C6, L4-5 and L5-S1 is not medically necessary.