

Case Number:	CM14-0202418		
Date Assigned:	12/15/2014	Date of Injury:	08/11/1997
Decision Date:	03/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 60-year old male with a work related injury dated June 11, 1997. At the physician's visit dated October 29, 2014 the worker was complaining of neck and low back pain that was stabbing in nature along with stiffness, weakness, numbness, paresthesia and generalized discomfort. Physical exam was remarkable for reduced strength and sensation in all four limbs, range of motion of the cervical and lumbosacral spines in all planes, tender painful bilateral cervical and lumbosacral paraspinal muscular spasms, reduced sensation and strength in the distribution of the bilateral C7, C8, T1, L4, L5 and S1 spinal nerve roots and absent bilateral deep tendon reflexes. Diagnoses at this visit included lumbosacral and cervical spine disk syndrome with strain/sprain disorder and chronic pain syndrome with idiopathic insomnia. Treatment included a referral for a spinal cord stimulator trial, a urine drug screen, Ketoprofen topical cream, Percocet for breakthrough pain, OxyContin as needed for generalized discomfort, Ambien CR for insomnia and Xanax for anxiety and depression. At this visit, the worker was documented as permanently disabled. The utilization review decision dated November 21, 2014 non-certified the request for and evaluation for epidural steroid injection (ESI). The rationale for non-coverage was based on the California MTUS Chronic Pain Medical Treatment Guidelines, which states ESI are recommended if radiculopathy is documented by physical examination and corroborated by imaging studies and or electro diagnostics. No subjective radicular complaints were documented nor was there submission of imaging or electro diagnostics. The provider did not document what level was to be injected or why an ESI series is medically necessary. Per the CA MTUS, current research does not support a series of three ESI in the diagnostic or the therapeutic

phase, recommending no more than two ESI injections. Since there was no documentation in the records reviewed of prior ESI and what percentage of pain relief and functional improvement was achieved, the request was therefore not supported by medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for epidural steroid injection: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for an epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is no specification of the spinal region or level that the epidural is intended for. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested an epidural steroid injection is not medically necessary.