

Case Number:	CM14-0205122		
Date Assigned:	12/30/2014	Date of Injury:	07/29/1998
Decision Date:	02/04/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/08/2014

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 Physical Medicine Rehab 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:

This patient sustained an injury on 7/29/1998 while employed by [REDACTED]. Request(s) under consideration include Lumbar Epidural Steroid Injection and Cervical Epidural Steroid Injection at C7-T1. Diagnoses include right AC joint strain and arthrosis; cervical spondylosis with bilateral neuroforaminal stenosis at C3-7; lumbar spondylosis with DDD; and history of L3 laminotomy and probable arachnoiditis. Conservative care has included medications, therapy, and modified activities/rest. There is history of prior lumbar surgery in the mid 1990's. The patient continues to treat for chronic ongoing symptoms. Report of 10/22/14 noted continued upper and lower back pain and right shoulder pain. Low back pain radiates into posterior thighs and calves; both shoulder pain is associated with numbness and weakness in both arms. Exam showed restricted cervical range with pain on motion; normal strength and sensation in the upper extremities; normal gait; symmetrical DTRs, tenderness of lumbar spine with reduced range; no deficits in DTRs and motor strength. MRIs of lumbar and cervical spine showed neuroforaminal stenosis at L3-5 and C3-6 with plan for epidurals in cervical and lumbar spine. The request(s) for Lumbar Epidural Steroid Injection and Cervical Epidural Steroid Injection at C7-T1 were non-certified on 11/12/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injection, Criteria for the use of Epidural Ster. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural Steroid Injection, Therapeutic, Criteria for the use of Epidural Steroid Injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: There were no neurologic deficits documented with objective findings of tenderness and restricted range. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing, not provided here. In addition, to repeat a LESI in the therapeutic phase, 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. Submitted reports have not demonstrated any failed conservative treatment trial for this chronic injury of 1998 without flare-up, change in clinical findings or new injuries identified. Criteria for the LESI have not been met or established. The request for lumbar epidural steroid injection is not medically necessary and appropriate.