

Case Number:	CM14-0036159		
Date Assigned:	06/23/2014	Date of Injury:	03/10/2011
Decision Date:	01/20/2015	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 48 year old patient with date of injury of 03/10/2011 Medical records indicate the patient is undergoing treatment for lumbosacral neuritis, carpal tunnel syndrome, brachial neuritis, cervical spondylosis, cervical radiculopathy, cervical sprain/strain, lumbar radiculopathy, lumbar sprain/strain and possible right carpal tunnel syndrome. Subjective complaints include headaches, numbness to right wrist with fingertips feeling cold and blue discoloration. Objective findings include positive triggers in the cervical and lumbar spine; cervical spine range of motion (ROM) - forward flexion 25 degrees, extension 15, lateral bending 30, rotation 65. There is tenderness to palpation of right shoulder, right shoulder ROM in within normal limits; mild pain on palpation to right elbow, right elbow has full range of motion; right hand has mottling on digits with difficulty flexing and extending fingers rapidly to pain. There was a positive compression and Palen's test. MRI cervical spine on 01/14/2013 revealed a 4.0 mm posterior central and right paracentral disc protrusion at C4-C5, C5-C6 narrowing with a 2mm right paracentral protrusion and C6-C7 mild disc narrowing with retrolisthesis. MRI of lumbar spine on 01/14/2013 revealed L2-L3 narrowing right neural foramen, L3-L4 disc narrowing with a 4.2mm posterior disc protrusion, L4-L5 4.5 mm posterior central and right paracentral disc protrusion, L5-S1 narrowing with a 7mm anterior disc protrusion and a 4.0mm posterior disc protrusion. EMG/NCS of bilateral upper extremities on 08/05/2013 revealed moderate right medial neuropathy at wrist. Treatment has consisted of chiropractic care, back brace, Hydrocodone and Motrin. The utilization review determination was rendered on 03/14/2014 recommending non-certification of 1 lumbar epidural steroid injection and 1 cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar epidural steroid injection and 1 cervical epidural steroid injection.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs)

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Medical documentation provided does not indicate objective dermatomal distribution of pain. The treating physician has failed to include the levels for the requested injections. As such, the request for 1 lumbar epidural steroid injection and 1 cervical epidural steroid injection is not medically necessary.