

Case Number:	CM15-0002422		
Date Assigned:	01/13/2015	Date of Injury:	06/05/2003
Decision Date:	03/16/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/06/2015

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: Orthopedic Surgery, Sports Medicine

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 injured worker is a 65-year-old female who reported an injury on 06/05/2003. The mechanism of injury occurred when she fell on the right side of her body from trying to hold down a psychiatric patient. Her diagnoses include protrusion of L3-4 and L4-5 with foraminal narrowing, compression fracture of L3, facet osteoarthropathy of the lower lumbar spine, cervical pain, cervical radiculopathy, left knee pain, internal derangement, and reactive depression/anxiety. Her past treatments included exercise, physical therapy, chiropractic therapy, acupuncture treatments, home exercise, a TENS unit, and 20 epidural steroid injections. On 11/07/2014, the injured worker complained of low back pain with a left greater than right rated 7/10. The injured worker also complained of cervical pain, with left greater than right upper extremity symptoms rated 7/10. Injured worker also complained of left knee pain rated 6/10 and right knee pain rated 3/10. The physical examination of the lumbar and cervical spine revealed tenderness with limited range of motion, a positive straight leg raise on the left with pain to the foot and right for pain to the distal calf. The injured worker was also indicated as neurologically unchanged. There were noted spasms of the lumbar paraspinal musculature. Her relevant medications included tramadol 300 mg and NSAIDs. Treatment plan included artificial disc replacement at C3-C4 and C5-C6; L3-4 and L4-5 epidural steroid injections (ESI) using fluoroscopic guidance with epidurogram, anesthesia; and epidural steroid injections (ESI) for the cervical spine. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Artificial Disc Replacement at C3-C4 and C5-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation neck and upper back, Disc prosthesis.

Decision rationale: The request for an artificial disc replacement at C3-C4 and C5-C6 is not medically necessary. According to the Official Disability Guidelines, disc prosthesis is currently under study. However, the guidelines do recommend cervical ADR devices if the patient has a single level cervical degenerative disc disease; has failed at least 6 weeks of nonoperative treatment and presents with arm pain and functional/neurological deficits with 1 of the following conditions that are confirmed by imaging to include: a herniated nucleus pulposus; spondylosis defined by the presence of osteophytes; and loss of disc height. The injured worker was indicated to have complaints of low back pain and cervical pain, left greater than right upper extremity symptoms. However, there was a lack of a recent MRI submitted for review. There was lack of documentation to indicate the injured worker presented with arm pain and functional/neurological deficits. In addition, there was lack of confirmed diagnostic studies in regard to a herniated nucleus pulposus, spondylosis defined by the presence of osteophytes, or the loss of disc height for review. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

L3-4 and L4-5 Epidural Steroid Injections (ESI) using Fluoroscopic Guidance with Epidurogram, Anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 127.

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

Decision rationale: The request for L3-4 and L4-5 epidural steroid injections (ESI) using fluoroscopic guidance with epidurogram, anesthesia is not medically necessary. According to the California MTUS Guidelines, the criteria for the use of epidural steroid injections include: radiculopathy documented by physical examination and corroborated by diagnostic studies. The patient must be initially unresponsive to conservative treatments to include exercises, physical methods, NSAIDs and muscle relaxants. In addition, the Official Disability Guidelines do not recommend the use of anesthesia for epidural steroid injections unless the patient is indicated to have anxiety. The injured worker was indicated to have chronic low back pain. However, there was lack of documentation showing significant neurological deficits, such as decrease in motor strength or sensation in a specific dermatomal or myotomal distribution to support an epidural

steroid injection at the requested levels. There was also lack of corroborating diagnostic studies for review. In addition, there was a lack of documentation indicating the injured worker had failed conservative care to include physical therapy, exercise, NSAIDs, and muscle relaxants. Furthermore, there was a lack of a clear rationale to indicate the use of anesthesia or documentation the injured worker had anxiety. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Epidural Steroid Injections (ESI) for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 127.

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

Decision rationale: The request for epidural steroid injections (ESI) for the cervical spine is not medically necessary. According to the California MTUS Guidelines, there is insufficient evidence to make any recommendations for the use of epidural steroid injections to treat radicular cervical pain. The injured worker had complaints of cervical pain. However, there is lack of documentation to indicate the patient had significant neurological deficits, such as decreased motor strength or sensation in a specific dermatomal or myotomal distribution to support the use of an epidural steroid injection at that level. There was also lack of corroborating diagnostic studies and failure of conservative care, to include physical therapy, exercise, muscle relaxants, and NSAIDs. Furthermore, as the guidelines do not recommend the use of epidural steroid injections for the cervical spine as there is insufficient evidence, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.