

Case Number:	CM15-0106214		
Date Assigned:	06/10/2015	Date of Injury:	11/20/2010
Decision Date:	07/13/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/02/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 53 year old female, who sustained an industrial injury on 11/20/10. She reported left hip, shoulder, back and arm injury. The injured worker was diagnosed as having cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and right sacroiliac joint arthropathy. Treatment to date has included bilateral medial branch block injections, right L4-5 epidural catheterization, physical therapy, chiropractic treatment, medication, activity restrictions and home exercise program. Currently, the injured worker complains of neck pain rated 4/10. She noted her neck pain improved by 80% following bilateral C5-7 medial branch block injections and 70% improvement of pain for 4-6 weeks following L4-5 epidural injection. It is noted she has failed conservative treatment. Physical exam noted moderate tenderness to palpation with spasms over the cervical paravertebral musculature extending into the trapezius muscles bilaterally and tenderness to palpation over the cervical facet joint s at the C4-7 levels. Diffuse tenderness is noted over the lumbar paravertebral musculature with tenderness to palpation over the cervical facet joints at the L4-S1 bilaterally. A request for authorization was submitted for bilateral medial branch facet Rhizotomy/neurolysis, second diagnostic right L4-5 epidural with catheterization and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second diagnostic right L4-L5 epidural with catheterization: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, second diagnostic right L4, L5 epidural steroid injection with catheterization is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are cervical spine sprain strain with ML/DB/stenosis/facet changes; and lumbosacral sprain strain with right lower extremity radiculopathy, ML DP, stenosis. The request for authorization is dated May 22, 2015. Progress note dated June 1, 2015 is handwritten and largely illegible. Subjectively, the injured worker has low back pain with right lower extremity radiculopathy. The documentation the subjective section states a cervical spine injection (MBB v. ESI) is not clearly documented. The injured worker had a prior lumbar epidural steroid injection. There is no objective documented pain and functional improvement in the medical record. There is no documentation indicating a 50% or greater pain relief with associated reduction in medication use for 6 to 8 weeks. Repeat injections are based on continued objective documented pain relief, decreased need for pain medication and functional response. The treating/requesting provider did not meet these guidelines. Additionally, the treatment plan does not contain evidence of a planned procedure (second diagnostic ESI with catheterization). Consequently, absent clinical documentation with 50% or greater pain relief with associated reduction in medication use for 6 to 8 weeks, a clinical indication and rationale in the June 1, 2015 progress note, second diagnostic right L4, L5 epidural steroid injection with catheterization is not medically necessary.