MAXIMUS Federal Services

Case Number:	CM15-0107092		
Date Assigned:	06/11/2015	Date of Injury:	07/10/1997
Decision Date:	07/21/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/03/2015

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: 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:

The injured worker is a 73-year-old male with an industrial injury dated 07/10/1997. The mechanism of injury is documented as a fall from a roof with injury to neck, back, knee and ankle. His diagnoses/assessment included spinal stenosis, failed back surgery syndrome cervical, chronic pain, spinal stenosis in cervical region, cervical spondylosis with myelopathy, radiculopathy thoracic or lumbosacral, radiculopathy - cervical. Comorbid diagnoses included benign essential hypertension and heart disease. Prior treatment included cervical epidural steroid injection, caudal epidural steroid injection, medications and diagnostics. He presents on 04/20/2015 with complaints of back pain described as moderate to severe. The provider documents the problem is worsening and occurs persistently. The location of pain was in the upper back, middle back, lower back, arms, legs and neck with radiation to ankles, arms, thighs and feet. The injured worker rates the pain as 9/10 without medications and 3/10 with medications. The injured worker rated how much pain interfered with daily activities at a level of 8/10. In the past months, the injured worker had 6 months of relief from the last cervical epidural steroid injection and it provided 80% relief for 2-3 months. The caudal epidural steroid injection provided about 80% relief for 2-3 months and helps most with prolonged sitting. The provider documents cervical MRI dated 10/22/2014 showing flattening of ventral spinal cord and severe neural foraminal stenosis. Also documented is thoracic MRI dated 10/22/2014 showed severe left neural foraminal narrowing (lumbar 2-3), lumbar 3-4 prominent neural foraminal stenosis with displacement to the exiting lumbar 3 nerves. Formal reports are not in the submitted

records. Physical exam documents upper extremity strength as normal. Cervical spine was noted to have active painful range of motion. Lumbar spine range of motion was active with pain. Treatment plan includes epidural steroid injection - cervical and epidural steroid injection with catheter - caudal. The request is for one caudal epidural steroid injection with catheter and one cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) cervical epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 47.

Decision rationale: 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. In the submitted medical records available for review, there is a progress note dated 4/20/15 that states the CESI done in early 2015 had resulted in 80% improvement. Additionally, there was documentation of improved function and the patient was able to decrease Norco and only utilize ibuprofen, an overall reduction in medication use. Given this, the ESI is medically necessary.

One (1) caudal epidural steroid injection with cath: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 47.

Decision rationale: 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. In the submitted medical records available for review, there is a progress note dated 4/20/15 that states the caudal ESI done in early 2015 had resulted in 80% improvement. Additionally, there was documentation of improved function and the patient was able to decrease Norco and only utilize ibuprofen, an overall reduction in medication use. Given this, the ESI is medically necessary.