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| Case Number: | CM15-0010073 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 04/12/2012 |
| Decision Date: | 03/16/2015 | UR Denial Date: | 12/20/2014 |
| Priority: | Standard | Application Received: | 01/16/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 48 year old male, who sustained an industrial injury on April 12, 2012. The injured worker has reported low back pain, neck pain, and headaches. The diagnoses have included chronic pain syndrome, lumbar spondylosis, post-concussion syndrome, cervical radiculopathy, left shoulder tendinosis, partial subscapularis tear, dizziness, and depression. Treatment to date has included pain medication, MRI of the lumbar and cervical spine, electromyography of the upper extremities, depression screening, acupuncture, and psychotherapy. Current documentation dated December 5, 2014 notes that the injured worker complained of left shoulder pain rated a seven out of ten on the Visual Analogue Scale. The pain was described as constant, burning, deep aching radiating to the left hand with associated numbness and tingling. He also reported a left-sided headache, dizziness, and nausea. Cervical pain was noted with turning of the head and radiated to the left upper extremity. He also reported constant low back pain radiating to the left post thigh. The injured worker was receiving acupuncture which was helping with the pain. On December 20, 2014 Utilization Review non-certified a requested for an epidural steroid injection to the cervical five-cervical six level and an epidural steroid injection to the lumbar four-lumbar five levels. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On January 16, 2015, the injured worker submitted an application for IMR for review of an epidural steroid injection to the cervical five-cervical six levels and an epidural steroid injection to the lumbar four-lumbar five levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Epidural Injection at C5-C6: Upheld

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

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

Decision rationale: This 48 year old male has complained of neck pain and low back pain since date of injury 4/12/12. He has been treated with physical therapy, acupuncture, and medications. The current request is for 1 epidural steroid injection at C5-6. Per the MTUS guideline cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 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 series-of-three injections in either the diagnostic or therapeutic phase. The available medical records do not include documentation that meet criteria (1) above. Specifically, there is no documentation of radiculopathy on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. On the basis of the available medical records and per the MTUS guidelines cited above, epidural injection at C5-6 is not indicated as medically necessary.

One (1) Epidural Injection at L4-5: Upheld

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

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

Decision rationale: This 48 year old male has complained of neck pain and low back pain since date of injury 4/12/12. He has been treated with physical therapy, acupuncture, and medications. The current request is for 1 epidural steroid injection at L4-5. Per the MTUS guideline cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 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 series-of-three injections in either the diagnostic or therapeutic phase. The available medical records do not include documentation that meet criteria (2) above. Specifically, there is no documentation of failure of conservative therapy. On the basis of the available medical records and per the MTUS guidelines cited above, epidural injection at L4-5 is not indicated as medically necessary.