MAXIMUS Federal Services

Case Number:	CM15-0138044		
Date Assigned:	07/27/2015	Date of Injury:	10/14/2014
Decision Date:	08/28/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/16/2015

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: California
Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on 10-14-2014, secondary to a large rack of laundry fell over and the injured worker caught it, he immediately felt tingling in his fingertips but now is reported as pain. On provider visit dated 06-17-2015 the injured worker underwent cervical epidural steroid injection under fluoroscopy. On examination of the cervical spine was as having tenderness in muscles in the dorsum area with 2+ reflexes. The diagnoses have included degenerative disk diseases-cervical spine and degenerative disk disease-C5-6 without cord or nerve root impingement. Treatment to date has included medication. The provider requested lumbar epidural steroid injection and repeat cervical epidural steroid injection. Lumbar MRI on 2-4-15 noted L5-S1 narrowing on the left but no definite compression. Cervical spine MRI on 3/13/15 noted degenerative changes at C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 48-49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46.

Decision rationale: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. In this case, lumbar magnetic resonance imaging on 2/4/15 has noted L5-S1 narrowing on the left but no definite compression. However, the injured worker's complaints are of right leg pain and therefore imaging findings are not corroborated with subjective complaints. In addition, the medical records do not establish objective evidence of focal neurologic deficit on clinical examination to support radiculopathy stemming from the lumbar spine. The request for Lumbar epidural steroid injection is not medically necessary and appropriate.

Repeat cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46.

Decision rationale: According to the MTUS guidelines with regards to epidural steroid injections, 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. In this case, the medical records note that the injured worker underwent a cervical epidural steroid injection on 6/17/15. The medical records do not establish that the injured worker meets the criteria for a repeat injection. The request for Repeat cervical epidural steroid injection is not medically necessary and appropriate.