MAXIMUS Federal Services

Case Number:	CM15-0139453		
Date Assigned:	07/29/2015	Date of Injury:	12/31/2009
Decision Date:	09/01/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 52-year-old male who sustained an industrial injury on 12/31/09. Treatments include medication, TENs unit, injections, ice therapy, home exercise program and surgery. Progress report dated 5/26/15 reports continued complaints of neck and low back pain. The neck pain is aching and radiates to bilateral shoulders and into the hands. The left side is worse than the right. He has numbness that extends through the hands into all fingers. The back pain is aching and radiates into the right hip, rated 7/10. Current medication regimen reduces his pain minimally from 8/10 to 6/10. He continues to have difficulty sleeping. Diagnoses include herniated nucleus polposis of the cervical spine with stenosis, cervical radiculopathy, SLAP lesion, left shoulder, right greater trochanteric bursitis and chronic pain syndrome. Plan of care includes: continue current medications; norco, docuprene, flexeril, ibuprofen, prilosec and ultracet, request authorization for omeprazole, cyclobenaprine, Tramadol/apap, interlaminar epidural steroid injection C5-6 and C7-T1, MRI lumbar spine, neurologist evaluation and sleep study. Work status: per primary treating physician - permanent and stationary. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

One interlaminar epidural steroid injection at the C5-C6 and C7-T1 levels: 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 Injections Page(s): 46.

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electro diagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing neck pain that went into both shoulders with numbness, lower back pain that went into the right hip, and problems with sleep. There was no documentation suggesting the worker had an active radiculopathy involving the area in question at the time of the request. There also was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for interlaminar epidural steroid injections at the unspecified side of C5 and C7 levels is not medically necessary.