

Case Number:	CM15-0165034		
Date Assigned:	09/02/2015	Date of Injury:	04/24/2014
Decision Date:	10/06/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/22/2015

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: North Carolina
 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 52 year old male who sustained an injury on 4-24-14 resulting when restraining a combative minor with a co-worker; he had increased pain in the lower back. The pain radiated to his lower extremities, left shoulder, neck and had difficulty walking because of lower back pain. Lumbar X-rays were done in June 2014; physical therapy twice a week was prescribed from May to June 2014. A Qualified Medical Evaluation dated 3-3-15 reports current complaints are low back pain that is present all the time radiating to both buttock and thighs; left shoulder pain present all the time that radiates to the left arm and hand; headaches at the back of the head radiating to the frontal aspect. He can sit for two hours; walk on the treadmill once a week for 30 minutes; can stand in one place for more than 10-15 minutes; climb stairs increases the pain but is not as bad as standing and walking; kneeling and squatting increase the pain. He also complains of left shoulder pain while gripping, grasping, pushing, pulling, carrying and lifting increase the pain; numbness and tingling in the first three fingers of the left hand; left thumb; index and middle fingers. Right shoulder pain is present sometimes; gripping, grasping, pushing, pulling, carrying and lifting increase the pain and he has limited right shoulder motion. Neck pain is present all the time when he turns his head in a downward motion to the right; overhead reaching, pushing, pulling, lifting and carrying increase the pain. Headaches at the back of the head radiating to the frontal aspect and has blurred vision. Diagnoses include degenerative disc disease of the lumbar spine, rule out disc herniation; advanced spondylosis, with disc degeneration of the cervical spine and radiculopathy left upper extremity; impingement with rotator cuff tear, left shoulder; residuals of decompression and rotator cuff repair, right shoulder;

cervicogenic headaches. At this examination the IW states that he has reduced his gym visit to once per week that consists of light work outs to maintain his range of motion and flexibility. Medications include Ibuprofen, Tramadol and Tizanidine. He complains that he has significant problems with his neck and low back. It was recommended to have cervical and lumbar MRI scans; physiotherapy for the neck and low back to reduce inflammation, relieve pain and improve motions. Epidural steroid injections to the cervical and lumbar spines were also recommended. An MRI lumbar spine and cervical spine dated 7-12-15 were performed. The PR2 dated 7-13-15 reports he continues to complain of neck and back pain, numbness and weakness. Current requested treatments: lumbar epidural steroid injection; cervical epidural steroid injection.

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.

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

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 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 a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of back pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy found on exam for the requested level of ESI. Therefore, criteria have not been met and the request is not medically necessary.

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections.

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

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 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 a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of neck pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy found on exam for the requested level of ESI. Therefore, criteria have not been met and the request is not medically necessary.