

Case Number:	CM15-0188006		
Date Assigned:	09/29/2015	Date of Injury:	12/26/2003
Decision Date:	11/13/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/24/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old female, who sustained an industrial injury on 12-26-2003. She has reported injury to the neck and low back. The diagnoses have included chronic pain syndrome; cervicgia; cervical degenerative disc disease; cervical spine stenosis; lumbar degenerative disc disease; thoracic disc disease; and headaches. Treatment to date has included medications, acupuncture, cervical ESI (epidural steroid injection), and physical therapy. Medications have included Norco, Neurontin, Topamax, and Flexeril. A progress report from the treating provider, dated 07-22-2015, indicated the injured worker reported neck and low back pain; she is doing about the same; she had a C6-C7 interlaminar ESI on 05-26-2015 with greater than 50% relief of neck and upper extremity pain; she is still holding well from the cervical epidural steroid injection; she is not having the severe headache she had; she stopped taking the Topamax because she is not having the severe headache she had; she is still having some localized neck pain; she is having more low back pain radiating to the right lateral leg; she is taking Norco and Gabapentin with good relief; pain levels are rated at 8 out of 10 in intensity without medication, coming down to 3-4 out of 10 with medication and injection; functional improvements with medication include daily exercise, she cooks, cleans, and shops, and she is able to walk longer with the current medications; and she has tried and failed acupuncture greater than six sessions and physical therapy greater than six sessions. Objective findings included she is in no acute distress; she is mildly tender in the upper cervical facet; range of motion is improved, but she has decreased left

rotation; she is tender in the mid and lower lumbar paraspinal muscles; range of motion is 50 degrees of flexion; she has decreased extension causing pain; sensation is decreased in the left lateral leg; and her gait is mildly antalgic. The treatment plan has included the request for C6-C7 interlaminar ESI with fluoroscopic guidance and moderate sedation; bilateral L5 TF (transforaminal) ESI with fluoroscopic guidance and moderate sedation; and ice pack. The original utilization review, dated 09-10-2015, non-certified the request for C6-C7 interlaminar ESI with fluoroscopic guidance and moderate sedation; bilateral L5 TF ESI with fluoroscopic guidance and moderate sedation; and ice pack.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-C7 interlaminar ESI with fluoroscopic guidance and moderate sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1878388-overview#a2>.

Decision rationale: The injured worker sustained a work related injury on 12-26-2003. The injured worker has been diagnosed of chronic pain syndrome; cervicgia; cervical degenerative disc disease; cervical spine stenosis; lumbar degenerative disc disease; thoracic disc disease; and headaches. Treatment to date has included medications, acupuncture, cervical ESI (epidural steroid injection), and physical therapy. The medical records provided for review do not indicate a medical necessity for C6-C7 interlaminar ESI with fluoroscopic guidance and moderate sedation. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment ((exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is 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. The medical records indicate the injured worker has diminished sensations in the outer part of bilateral upper limb; Left C5- C8 radiculopathy and Right C7-C8 in the EMG, but no Radiculopathy noted in the MRI. According to Emedicine, the affected dermatomes supply the following areas of the body: Upper extremity- C6 - Thumb- C7 - Middle finger - C8 - Little finger Therefore, the requested treatment is not medically necessary since there is no clinical finding of radiculopathy.

Bilateral LF TF ESI with fluoroscopic guidance and moderate sedation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The injured worker sustained a work related injury on 12-26-2003. She has reported

injury to the neck and low back. The diagnoses have included chronic pain syndrome; cervicalgia; cervical degenerative disc disease; cervical spine stenosis; lumbar degenerative disc disease; thoracic disc disease; and headaches. Treatment to date has included medications, acupuncture, cervical ESI (epidural steroid injection), and physical therapy. Medications have included Norco, Neurontin, Topamax, and Flexeril. The medical records provided for review does indicate a medical necessity for: Bilateral LF TF ESI with fluoroscopic guidance and moderate sedation. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment ((exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is 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. The medical records indicate the injured worker failed conservative therapy; has clinical findings of bilateral radiculopathy Also, the records indicate the previous epidural injection provided 50% benefit that lasted more months. The medical records also revealed that the MRI was positive for bilateral L5 radiculopathy. The request is medically necessary.

Ice pack: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ice packs.

Decision rationale: The injured worker sustained a work related injury on 12-26-2003. She has reported injury to the neck and low back. The diagnoses have included chronic pain syndrome; cervicalgia; cervical degenerative disc disease; cervical spine stenosis; lumbar degenerative disc disease; thoracic disc disease; and headaches. Treatment to date has included medications, acupuncture, cervical ESI (epidural steroid injection), and physical therapy. Medications have included Norco, Neurontin, Topamax, and Flexeril. The medical records provided for review do not indicate a medical necessity for Ice pack. The MTUS and Official Disability Guidelines recommend ice pack as an option for acute pain. The medical records indicate this is a chronic injury. The request is not medically necessary.

