

Case Number:	CM15-0191629		
Date Assigned:	10/06/2015	Date of Injury:	05/14/2007
Decision Date:	11/12/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/29/2015

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: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 05-14-2007. The injured worker is currently retired and not working. Medical records indicated that the injured worker is undergoing treatment for cervical disc herniation, lumbar disc herniation, and bilateral carpal tunnel syndrome status post release. Treatment and diagnostics to date has included physical therapy and medications. Current medications include Norco, Tramadol, Metformin, Insulin, and Hydrochlorothiazide. Cervical spine MRI report dated 06-25-2010 noted a "large structure at the C2-C3 disc level, probably reflecting a combination of a calcified herniated disc and ossification of the posterior longitudinal ligament, causing moderate spinal canal stenosis, greater at the left side of the canal". After review of the progress note dated 08-14-2015, the injured worker reported pain in her neck, upper back, left shoulder, left upper extremity, right elbow, right wrist, bilateral knee and ankle, and low back pain with radiation into the buttock. Objective findings included tender cervical and lumbar paraspinal muscles and limited cervical and lumbar range of motion. The treating physician noted that the injured worker has "failed conservative treatment and has been in chronic pain for 8 years". The request for authorization dated 08-25-2015 requested lumbar epidural steroid injection at L5-S1 bilaterally, with each additional level x 2, lumbar epidurogram, fluoroscopic guidance, and IV (intravenous) sedation and cervical epidural steroid injection with each additional level x 2, cervical epidurogram, insertion of cervical catheter, fluoroscopic guidance, and IV sedation. The Utilization Review with a decision date of 08-31-2015 non-certified the request for lumbar epidurogram with bilateral L5-S1 lumbar epidural steroid injection, fluoroscopic guidance, and

IV sedation and cervical epidurogram with cervical epidural steroid injection, insertion of cervical catheter, fluoroscopic guidance, and IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidurogram with bilateral L5-S1 lumbar epidural steroid injection, fluoroscopic guidance and IV (intravenous) sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Review indicates the patient with exam findings of intact motor strength, sensation, and DTRs in the upper and lower extremities with negative SLR. MTUS Chronic Pain Medical Treatment Guidelines recommend nerve root block as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any radicular findings, myotomal/ dermatomal neurological deficits or remarkable correlating diagnostics to support the nerve blocks. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Lumbar epidurogram with bilateral L5-S1 lumbar epidural steroid injection, fluoroscopic guidance and IV (intravenous) sedation is not medically necessary and appropriate.

Cervical epidurogram with cervical epidural steroid injection, insertion of cervical catheter, fluoroscopic guidance and IV (intravenous) sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Review indicates the patient with exam findings of intact motor strength, sensation, and DTRs in the upper and lower extremities with negative SLR. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any specific neurological deficits to support the epidural injections. There is no report of acute new injury, flare-up, progressive neurological deficit, or red-flag conditions to

support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Cervical epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned. Criteria for the epidurals have not been met or established. The Cervical epidurogram with cervical epidural steroid injection, insertion of cervical catheter, fluoroscopic guidance and IV (intravenous) sedation is not medically necessary and appropriate.