

Case Number:	CM15-0193672		
Date Assigned:	10/07/2015	Date of Injury:	10/25/2013
Decision Date:	11/23/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/01/2015

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, 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 53 year old female, who sustained an industrial injury on 10-25-2013. She has reported injury to the neck and low back. The diagnoses have included multi-level disc disease with severe spinal stenosis; lumbar spine sprain-strain, rule out herniated nucleus pulposus; bilateral knee sprain-strain; and right hand diffuse pain. Treatment to date has included medications, diagnostics, activity modification, and cervical epidural steroid injection. Medications have included Norco. A progress note from the treating physician, dated 08-10-2015, documented that the injured worker reported a cervical epidural steroid injection has helped about 50%. A progress note from the treating physician, dated 08-24-2015, documented a follow-up visit with the injured worker. The injured worker reported neck, lower back, right hand, and bilateral knee pain; she has persistent pain in the neck, rated at 7-8 out of 10; the pain is constant and improving; lower back pain is constant and rated at 8 out of 10 in intensity; slightly worsening intermittent right hand pain, rated at 4 out of 10; bilateral knee pain rated at 4 out of 10 in intensity; the left knee is worse than the right one; the pain is made worse with weather and activities; the pain is made better with rest; she takes Norco which helps her pain from a 6 down to a 3 in intensity, which allows her to do basic activities of daily living; and she is currently working. Objective findings included she is in no acute distress; decreased tenderness over the cervical paraspinals; there was positive cervical compression, but neurovascular status was intact distally; lumbar spine range of motion was decreased; there was tenderness over the lumbar paraspinals; there was positive sitting straight leg raise n the right with pain to the anterior thigh; tenderness over the medial and lateral joint lines of the bilateral

knees; decreased range of motion bilaterally; valgus and varus stress tests were positive; there was decreased quadriceps strength bilaterally at 4 out of 5; and there was positive McMurray's and tenderness over the medial joint line on the right. The patient had received an unspecified number of PT, chiropractic and acupuncture visits for this injury. The patient has had MRI of the cervical spine on 9/22/14 that revealed disc protrusions, foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "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. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are "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)." Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. The detailed conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. An evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. A progress note from the treating physician, dated 08-10-2015, documented that the injured worker reported a cervical epidural steroid injection has helped about 50%. Per the cited guidelines, "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." Evidence of objective documented pain and functional improvement, including at least 50% pain relief that lasted for six to eight weeks after the previous ESIs was not specified in the records provided. Evidence of associated reduction of medication use, after the previous ESI, was not specified in the records provided. With this, it is deemed that the request for cervical epidural steroid injection is not medically necessary or fully established for this patient.