

Case Number:	CM15-0087802		
Date Assigned:	05/12/2015	Date of Injury:	04/11/2014
Decision Date:	06/19/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/07/2015

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: Arizona, 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 59 year old male who sustained an industrial injury on 04/11/2014 from a motor vehicle accident resulting in neck and low back pain/injury. Other reported complaints included pain in the back of the shoulders, and numbness and tingling radiating into the legs with walking. Treatment provided to date has included: medications (naproxen, Norco and Robaxin) with mild improvement; chiropractic manipulation; and physical therapy (unknown number of sessions) with mild improvement. Diagnostic tests performed include: MRI of the (12/01/2014); x-rays; and electrodiagnostic testing of the bilateral upper extremities which revealed no abnormal findings. There were no other noted dates of injury or previous injuries, and no noted comorbid diagnoses. On 03/26/2015, physician progress report noted continued and persistent bilateral neck pain and low back pain. The description of the pain and pain rating was not provided. Additional complaints include low back pain, bilateral knee pain, left ankle and foot pain. The physical exam revealed moderate tenderness to the trapezius and rhomboid muscles, decreased range of motion in the cervical spine, moderate tenderness to the bilateral paraspinal muscles, moderate bilateral sciatic notch tenderness, decreased lumbar range of motion, and an antalgic gait. There was weakness and decreased sensation in the lower extremities, abnormal straight leg raises, and decreased reflexes in the biceps and Achilles on the left. There was also noted radicular pain radiating bilateral legs and in the S1 and S2 distribution, as well as numbness and tingling in the L5-S1 distribution of the bilateral feet. The provider noted diagnoses of left side sciatica, lumbar muscle strain, cervical radiculitis, cervical muscle strain, right trapezius strain, and left trapezius strain. The injured worker remained on modified work

duties and activities at home. Plan of care includes 6 additional chiropractic treatments, a lumbar epidural steroid injection at L5, and cervical epidural steroid injection at C6. Requested treatments include: lumbar epidural steroid injection at L5, and cervical epidural steroid injection at C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47, Postsurgical Treatment Guidelines.

Decision rationale: According to the guidelines, the 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 electro diagnostic 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. In this case, the claimant does not have imaging or diagnostic findings consistent with nerve impingement. In addition, the exam findings do not correlate to an L5 radiculopathy. The request for epidural injection is not medically necessary.

Cervical Epidural Steroid Injection at C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the 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. According to the guidelines, the 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 electro diagnostic 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. In this case, the claimant does not have imaging or diagnostic findings consistent with nerve impingement. In addition, the exam findings do not correlate to C6 radiculopathy. The request for epidural injection is not medically necessary.