

Case Number:	CM15-0089086		
Date Assigned:	05/13/2015	Date of Injury:	10/24/2011
Decision Date:	06/15/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/08/2015

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 68 year old female, who sustained an industrial injury on October 24, 2011. She reported pain in the neck, left shoulder, left shoulder blade area, lower back and hip area after slipping on wet grass and falling striking her head and back. The injured worker was diagnosed as having left sided low back pain and left lower extremity radicular pain in the lumbar 5 distribution, lumbar disc disease and left lower extremity radiculitis, history of falling injury of the lower back, left shoulder and cervical spine, left cervical mid to lower facet arthropathy causing axial neck pain with referral to the left upper back and radicular neck pain with cervical 7 and 8 sensory radiculopathy secondary to cervical disc disease. Treatment to date has included radiographic imaging, diagnostic studies, acupuncture, chiropractic care, physical therapy, steroid injections, medications and work restrictions. Currently, the injured worker complains of pain in the neck, left shoulder, left shoulder blade area, lower back and hip area with associated radicular symptoms in the bilateral upper and lower extremities. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 24, 2015, revealed continued pain as noted. Cervical facet injection and cervical and lumbar epidural steroid injections were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 47.

Decision rationale: Per guidelines, ESI may be an option to defer surgery; however, submitted report has not shown any surgical lesion on MRI or myotomal and dermatomal correlation on clinical examination. 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 established here for diminished sensation without motor deficit. The Cervical epidural steroid injection x 2 is not medically necessary and appropriate.

Left C5-6 and C6-7 cervical facet injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8, Neck and Upper Back Complaints, Injections/Facet Blocks, page 175, 181.

Decision rationale: MTUS Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. Additionally, no more than 2 joint levels are injected in one session is recommended. The patient exhibits chronic symptoms of radiculopathy with clinical findings. Submitted reports have no indication for failed conservative trial for radicular diagnoses. Criteria per Guidelines have not been met. The Left C5-6 and C6-7 cervical facet injections is not medically necessary and appropriate.

Lumbar epidural steroid injection x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

Decision rationale: 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. Although the patient has radicular symptoms; however, the clinical findings was without neurological deficits and to repeat a LESI 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. Submitted reports identified no response or improvement from the LESI as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased work status or activities of daily living. Criteria to repeat the LESI have not been met or established. The Lumbar epidural steroid injection x 2 is not medically necessary and appropriate.