MAXIMUS Federal Services

Case Number:	CM14-0114353		
Date Assigned:	08/04/2014	Date of Injury:	04/14/1997
Decision Date:	10/16/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 66-year-old male with a 4/14/97 date of injury; the mechanism of the injury was not described. The patient underwent multiple cervical and lumbar sympathetic epidural blocks between 2011 and 2013. The progress note dated 4/30/14 indicated that the patient had LESI on 2/3/14 and reported continued improvement in the leg pain, but the relief was waning. In addition, the patient stated that he had 25% improvement in pain prior to the injection. The patient was seen on 7/22/14 with complaints of worsening with complex regional pain syndrome (CRPS) and severe pain in both arms. The patient's leg pain increased drastically and the patient had difficulties with activities of daily living due to pain. The pain was rated 6-7/10. The notes stated that previous epidural steroid injections were denied and the physician specified the cervical level at C6-C7 and C7-T1 and the lumbar level at L3-L4 and L4-L5 on the right. The note stated that the patient had last CESI in 12/2013 and he had good pain relief for several moths from the injection. Exam findings revealed that the right hand was cold, dry and shiny. There was 2+ hyperalgesia with light touch and allodynia from the forearm up to the shoulder and about the left scapula. There were multiple trigger points with local twitch response in the right levator scapulae and trapezius. The range of motion in the shoulder was 140 degrees with flexion and abduction. The exam of the lower extremity revealed cold right leg with muscle atrophy of the quadriceps and calf with hyperalgesia and allodynia from the foot to the thigh. The left lower limb was warm without hyperalgesioa or allodynia. The diagnosis is reflex symphatetic dystrophy in the right upper limb, late lateral epicondylitis, left ulnar neuritis, carpal tunnel syndrome, depression, cervical spondylosis and CRPS. Treatment to date: CESI, LESI, TENS unit, work restrictions and medications. An adverse determination was received on 7/8/14. The requests for Cervical Epidural QTY:3 and Lumbar Epidural Blocks under Fluoroscopic

Guidance and Epidurography QTY:3 were denied due to a lack of documentation indicating the level of the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural QTY:3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Epidural Steroid Injections) Page(s): page 46.

Decision rationale: The California MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, California MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. The progress notes indicated that the patient had multiple CESI between 2011 and 2013. The last documented CESI was performed in 12/2013 and the patient had good pain relief for several months from the injection. However, there is a lack of documentation indicating what percentage in the pain relief the patient reported and exactly for how long the pain relief lasted. There is a lack of documentation with an electrodiagnostic studies documenting radiculopathy. In addition, radiculopathy was not reveled on the physical examination. Therefore, the request for Cervical Epidural QTY:3 was not medically necessary.

Lumbar Epidural Blocks under Fluoroscopic Guidance and Epidurography QTY:3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: California MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, California MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The progress notes indicated that the patient had multiple LESI between 2011 and 2013. The last documented LESI was

performed on 2/3/14 and the patient reported continued improvement in the leg pain. However, there is a lack of documentation indicating what percentage in the pain relief the patient reported and exactly for how long the pain relief lasted. There is no documentation with an electrodiagnostic studies documenting radiculopathy. In addition, radiculopathy was not reveled on the physical examination. Therefore, the request for Lumbar Epidural Blocks under Fluoroscopic Guidance and Epidurography QTY:3 was not medically necessary.