

Case Number:	CM14-0116110		
Date Assigned:	08/04/2014	Date of Injury:	03/10/2003
Decision Date:	10/30/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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:

The patient is a 57 year old female who was injured on 3/10/2003. The diagnoses are migraine, cervicgia, neck and low back pain. There are associated diagnoses of insomnia and anxiety disorder. The past surgery history is significant for multiple cervical and lumbar spine surgeries. On 6/3/2014, report noted subjective complaints of neck and low back pain. The objective findings were significant for flat affect, decrease range of motion and tenderness to palpation of affected parts. The radiological reports showed intact instrumentation at cervical and lumbar spinal levels. The medications are Oxycontin and Norco for pain and tizanidine for muscle spasm. The urine drug screen (UDS) was consistent on 2/10/2014. The patient declined spinal cord stimulator and pain pump trials. The patient was noted to have had multiple pain injections over the years but no detail on efficacy was provided. A Utilization Review determination was rendered on recommending non-certification for caudal epidural at L5 and median branch block at left C4-5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Injection at L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back Pain

Decision rationale: The CA MTUS and the ODG recommend that epidural steroid injections can be utilized in the management of chronic lumbar radiculopathy when conservative management has failed. The records indicate that the patient completed physical therapy (PT), multiple surgeries and medications management. There are limited objective findings consistent with radiculopathy. The records indicate that previous interventional injections were performed but there was no detail on efficacy or functional improvement. There are significant psychosomatic symptoms of poorly controlled anxiety and insomnia that can be associated with decreased efficacy of interventional pain procedures. The criteria for caudal epidural at L5 were not met.

Medial Branch Block at C4-5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back

Decision rationale: The CA MTUS and the ODG recommend that epidural steroid injections can be utilized in the management of chronic lumbar radiculopathy when conservative management has failed. The records indicate that the patient completed PT, multiple surgeries and medications management. There are limited objective findings consistent with cervical facet syndrome. The records indicate that previous interventional injections were performed but there was no detail on efficacy or functional improvement. There are significant psychosomatic symptoms of poorly controlled anxiety and insomnia that can be associated with decreased efficacy of interventional pain procedures. The criteria for median branch blocks at left C4-5-6 were not met.