

Case Number:	CM14-0126971		
Date Assigned:	09/29/2014	Date of Injury:	08/03/2005
Decision Date:	12/15/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/11/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 73-year-old male with an 8/3/05 date of injury. The patient was seen on 6/4/14 with complaints of persistent feelings of progressive varus deformity and pain over the fifth metatarsal head region and pain in the ankle and lateral hind foot. The patient also reported chronic back pain, radiating down into the legs. The note stated that the patient had four to five cervical epidural injections over the last nine years with good transient relief of symptoms. Exam findings revealed tenderness in the mid cervical spine region and tenderness in the lumbar spine region. The straight leg-raising test was mildly positive in the lower lumbar spine region. The examination of the patient's feet demonstrated persistent varus deformity to the left foot and ankle, persistent callus and bursitis under the fifth metatarsal head region and restricted motion of the ankle. The diagnosis is degenerative disc disease of the cervical and lumbar spine, multiple surgical procedures, progressive arthritis, swelling of the left ankle and left foot peroneal tendon insufficiency. Treatment to date: multiple surgeries, cervical epidural steroid injections, work restrictions and medications. An adverse determination was received on 7/16/14; however, the determination letter was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at unknown level: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA 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, CA 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. However, the progress note dated 6/4/14 stated that the patient had four to five cervical epidural injections over the last none years with good transient relief of symptoms, there is a lack of documentation indicating percentage of the pain relief and duration of the pain relief. In addition, the physical examination did not reveal cervical radiculopathy and the imaging studies and electrodiagnostic testing confirming the diagnosis of radiculopathy were not available for the review. Lastly, the level and site of the injection was not specified in the request. Therefore, the request for Cervical epidural steroid injection at unknown level is not medically necessary.