

Case Number:	CM14-0171505		
Date Assigned:	10/23/2014	Date of Injury:	05/08/2002
Decision Date:	11/25/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/16/2014

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 Pain Management 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:

The injured worker is a 70 year old male with a date of injury on 5/8/2002. As per the 7/17/14 report, he presented complaining that for the past 6 months he had continued to have neck pain, with no radiation down to his arms, but did have radiation up to his head, which caused significant headaches and also low back pain with occasional radiation to his anterior thigh with numbness and tingling. There were no objective findings documented from this visit other than that he was hyporeflexic in all muscle groups. He had L4-L5 intralaminar epidural injection on 7/17/14 and C7-T1 intralaminar epidural injection on 7/1/14. The cervical epidural steroid injection (ESI) had helped his symptoms significantly and he was only having minimal symptoms 2 weeks after the injection. Diagnoses include cervical degenerative disc disease. The request for epidurogram, epidural steroid injection, and fluoroscopy was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS 7/17/14 Epidurogram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Retrospective DOS 7/17/14 Epidural Steroid Injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 382-383.

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

Decision rationale: As per the California Medical Treatment Utilization Schedule (MTUS) guidelines, the purpose of an epidural steroid injection (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. As per California Medical Treatment Utilization Schedule guidelines, epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of epidural steroid injections (ESIs) include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs [NSAIDs] and muscle relaxants). In this case, there is no clear evidence of radiculopathy on the exam; i.e. in a dermatomal distribution. There is no imaging or electrodiagnostic evidence of nerve root compression. There is no documentation of trial and failure of conservative management such as physiotherapy (i.e. physical therapy [PT] progress notes). Furthermore, there is no documentation of any significant improvement in pain level (i.e. visual analog scale [VAS]) or function with prior epidural steroid injection (ESI). It is not clear if the request is for cervical or lumbar epidural steroid injection (ESI). Therefore, the medical necessity of the request for epidural steroid injection (ESI) is not established per guidelines and due to lack of documentation.

Retrospective DOS 7/17/14 Fluoroscopy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.