

Case Number:	CM14-0184682		
Date Assigned:	11/12/2014	Date of Injury:	04/19/1997
Decision Date:	12/16/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/05/2014

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 Pain Medicine 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 66-year-old female who reported an injury on 04/19/1997 due to an unknown mechanism. Diagnoses were multilevel lumbar degenerative disc disease with spondylolysis at L3-4, L4-5, and L5-S1 with left lower extremity radiculopathy, severe per EMG; thoracic radiculopathy secondary to T12 compression fracture deformity with loss of 50% vertebral height per MRI dated 05/06/2009; severe cervical degenerative disc disease with spondylolysis at C5-6 and C6-7; cervicogenic headaches; multilevel lumbar degenerative disc disease for spondylolysis at L3-4, L4-5, and L5-S1, severe L5-S1 with left lower extremity radiculopathy per EMG; status post left knee medial meniscectomy on 07/08/1997 and repeated on 04/05/2002, and left total knee replacement on 03/02/2010 with neuropathic pain; and left foot status post multiple surgical interventions. Past treatments were lumbar epidural steroid injections. The injured worker stated she received a thoracic epidural injection and that the injection provided her greater than 50% relief for up to 4 months. The injured worker stated her last injection was over a year ago. The injured worker underwent a left L5-S1 epidural steroid injection on 01/09/2014, with 80% improvement in low back pain and left lower extremity radicular symptoms. The injured worker underwent a left L5-S1 epidural steroid injection on 08/21/2014 with 50% improvement in back and left leg pain. An MRI of the cervical spine on 10/04/2013 revealed degenerative disc disease at multiple levels in the cervical spine, including C4-5, C5-6, and C6-7. At C7-T1, there was severe facet arthropathy with slight lthesis of 1 mm C7 anterior to T1. There was prominent hypertrophy on the left side with nerve root impingement. The physical examination on 10/20/2014 revealed complaints of neck pain that radiated into the left upper extremity. The injured worker complained of pain that radiated into her left hand with numbness and tingling. The injured worker described weakness and difficulty grasping items. The examination of the cervical spine revealed moderate bilateral cervical

paraspinous tenderness, which extended into the trapezius, rhomboid, and levator scapulae bilaterally. Range of motion for the cervical spine was flexion was to 40 degrees, extension was to 30 degrees, right rotation was to 70 degrees, and left rotation was to 60 degrees. The injured worker had a 3/5 weakness in the left triceps and brachioradialis muscles. Reflex testing for the biceps, triceps, and brachioradialis were 2+ on the right. Triceps and brachioradialis reflexes were trace on the left. The injured worker demonstrated hypoesthesia in the left C6 and C7 dermatomes. The treatment plan was for an epidural steroid injection under fluoroscopy guidance at the C6-7, quantity 1. Medications were Norco, Maxell, KGL compounded cream, omeprazole, Wellbutrin, and Prozac. It was reported that the injured worker had failed on gabapentin and Cymbalta. The rationale and Request for Authorization were submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection under fluoroscopy guidance at C6-C7, QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections Page(s): 46.

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

Decision rationale: The decision for an epidural steroid injection under fluoroscopy guidance at C6-7, quantity 1, is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend for an epidural steroid injection, that radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the pain must be initially unresponsive to conservative treatment, including exercise, physical therapy, NSAIDs, and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. The clinical documentation submitted for review did not provide evidence that exercise and physical therapy had failed. It was not reported that the injured worker was participating in any type of home exercise program. The medical guidelines specifically state epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There was a lack of documentation of a failure of conservative treatment such as exercises, physical methods, or muscle relaxants. The clinical information submitted for review did not provide evidence to justify epidural steroid injections under fluoroscopy guidance at C6-7, quantity 1. Therefore, this request is not medically necessary.