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| Case Number: | CM14-0080019 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 05/07/2013 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 04/29/2014 |
| Priority: | Standard | Application Received: | 05/30/2014 |

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 Occupational 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 patient is a 49-year-old male who has submitted a claim for lumbar discogenic disease, and cervical discogenic disease; associated with an industrial injury date of 05/07/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck, left shoulder, and low back pain. Physical examination showed spasms in the bilateral trapezius and latissimus dorsi spasm. Range of motion of the cervical and lumbar spine was decreased. Straight leg raise test was positive bilaterally. Motor testing showed weakness of the right abductor hallucis longus and foot extensors, and patient cannot stand on his toes. Tendon reflexes were decreased in the legs, knees, and ankles bilaterally. Abnormal sensation to pinprick, light touch, and proprioception was noted in the L3 nerve root distribution bilaterally. MRI of the lumbar spine, dated 10/09/2013, showed mild bilateral neural foraminal stenosis at the level of L4-L5. MRI of the cervical spine, dated 10/09/2013, showed moderate spinal canal and left neural foraminal stenosis at the level of C6-C7, and patent spinal canal and neural foramen at the level of C7-T1. Treatment to date has included medications, physical therapy, and lumbar epidural steroid injection. Utilization review, dated 04/29/2014, denied the request for cervical epidural steroid injections because there were no findings suggestive of radiculopathy or nerve root involvement at any specific level; and denied the request for lumbar epidural steroid injection because there were no findings suggestive of radiculopathy related to the L4-L5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injections under fluoroscopy @ C6-C7, & C7-T1 (2 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, the patient complains of neck, left shoulder, and back pain despite conservative treatment. MRI of the cervical spine, dated 10/09/2013, showed moderate spinal canal and left neural foraminal stenosis at the level of C6-C7, and patent spinal canal and neural foramen at the level of C7-T1. However, physical examination failed to show neurologic deficits at the C6-C7 and C7-T1 distributions. Moreover, repeat ESI is contingent on its efficacy, hence, approval of 2 sessions of ESI is not recommended. The criteria for ESI have not been met. Therefore, the request for CERVICAL EPIDURAL INJECTIONS UNDER FLUOROSCOPY @ C6-C7, & C7-T1 (2 VISITS) is not medically necessary.

Epidural steroid injection @ L4-5 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, the patient complains of neck, left shoulder, and back pain despite conservative treatment. However, physical examination failed to show neurologic deficits at the L4-L5 distribution. Moreover, MRI of the lumbar spine dated 10/09/2013 failed to show significant foraminal narrowing or frank nerve root compromise. The criteria for ESI have not been met. Therefore, the request for EPIDURAL STEROID INJECTION @ L4-5 UNDER FLUOROSCOPY is not medically necessary.