

Case Number:	CM14-0121054		
Date Assigned:	09/16/2014	Date of Injury:	01/06/1998
Decision Date:	05/01/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	08/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72 year old male who sustained an industrial injury on 1/6/98. He currently complains of neck pain with radiation down right upper extremity and low back pain radiating down the right lower extremity. His pain intensity is 6-7/10 with medications and 8-9/10 without medications. His activities of daily living are limited in the area of sleep. Medications include Exoten-C Lotion, EnovaRx-Ibuprofen 10% Kit, Flexaril, gabapentin, hydrocodone, Lidoderm 5% patch, tizanidine, Tramadol, Capsaicin Lotion. Medications decrease pain level and increase function and improve quality of life. Diagnoses include lumbar disc displacement; lumbar facet arthropathy; lumbar radiculopathy; status post fusion, lumbar spine; diabetes; dyspepsia from medication use. Treatments to date include transcutaneous electrical nerve stimulator unit which is helpful, opioid medications which provide relief, caudal epidural steroid injection L3-4 on 4/29/14 with improvement. There are no progress notes or other documentation noting requested treatment for assessing the injured worker for cervical spine epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management for cervical spine epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/lower extremities. The request is for REFERRAL TO PAIN MANAGEMENT FOR CERVICAL SPINE EPIDURAL STEROID INJECTION. Per 05/08/14 progress report, the patient has had L5-S1 epidural injection on 04/29/14 with good (50-80%) overall improvement lasting 6 months. Examination shows tenderness over cervical spine C4-T7. The patient is not working. CT scan of the cervical spine from 03/06/13 reveals post anterior interbody fusion at C5-6 and left foraminal compromise of C6-7 and left greater than right at C4-5. MRI of the cervical spine from 06/17/13 shows 2-3mm disc protrusion from C3 through C6. It is unknown whether or not the patient has had cervical ESI in the past. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The MTUS Guidelines page 46 and 47 on epidural steroid injections (ESI) states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. MTUS also states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." MTUS page 46 further states that "If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections." In this case, the referral is not indicated as the patient does not present with a clear diagnosis for radiculopathy for which an ESI would be needed. While the patient has some arm symptoms, examination and MRI do not show a diagnosis of radiculopathy. MRI showed multi-level disc protrusions only measuring 2-3mm with no potential nerve root lesion. Foraminal stenosis described on CT does not correlate clinical with symptom location or exam. The request IS NOT medically necessary.