

Case Number:	CM14-0154735		
Date Assigned:	09/24/2014	Date of Injury:	07/31/2009
Decision Date:	01/02/2015	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 and is licensed to practice in Maryland. 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 employee is a 58 year old female who was injured on 04/20/10. The diagnoses were multilevel herniated nucleus pulposus (HNP) of the cervical spine with moderate to severe stenosis, cervical radiculopathy, cervical myelopathy, HNP of the lumbar spine with stenosis, lumbar radiculopathy, chronic superior endplate compression T4 vertebral body, status post right wrist fracture and left foot arthralgia. The visit note from 06/11/14 was reviewed. Subjective complaints included ongoing neck and low back pain at 8/10. She noted an increase in low back pain radiating up to her spine. She also had pins and needles sensation into both her feet. Objective findings included antalgic gait, tenderness to palpation of cervical and lumbar spine midline, limited range of motion of cervical and lumbar spine, intact sensation of the upper extremities, tenderness throughout the lumbar region and decreased sensation of the left L4 dermatome. The request was for interlaminar epidural steroid injection at C5-C6 and C6-C7 and transforaminal epidural steroid injection bilateral L5-S1 roots as well as facet blocks C4-5, C5-6, C6-7 bilaterally and L4-5 and L5-S1 facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Epidural Steroid Injection @ C5-6 and C6-7: 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: The request was for interlaminar epidural steroid injection at C5-C6 and C6-C7 and transforaminal epidural steroid injection bilateral L5-S1 roots as well as facet blocks C4-5, C5-6, C6-7 bilaterally and L4-5 and L5-S1 facet blocks. According to MTUS, Chronic Pain Medical Treatment guidelines, epidural steroid injections are recommended as an option for radicular pain in the setting of radiculopathy documented by physical examination and corroborated by imaging and/or EDS, unresponsive to conservative treatment and no more than two nerve root levels to be injected using transforaminal blocks and no more than one interlaminar level at one session. The employee had neck pain without any documentation of upper extremity radicular pain. There was also no documentation of lower extremity pain. There were no radiculopathy signs on examination except for left L4 dermatome with decreased sensation. There were no electrodiagnostic studies or imaging reports available with the medical records. Hence the request for interlaminar epidural steroid injection at C5-6 and C6-7 as well as the transforaminal epidural steroid injection bilaterally at L5-S1 roots are not medically necessary or appropriate.

Transforaminal ESI bilateral L5 and S1: 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: According to California MTUS, Chronic Pain Medical Treatment guidelines, epidural steroid injections are recommended as an option for radicular pain in the setting of radiculopathy documented by physical examination and corroborated by imaging and/or EDS, unresponsive to conservative treatment and no more than two nerve root levels to be injected using transforaminal blocks and no more than one interlaminar level at one session. The employee had neck pain without any documentation of upper extremity radicular pain. There was also no documentation of lower extremity pain. There were no radiculopathy signs on examination except for left L4 dermatome with decreased sensation. There were no electrodiagnostic studies or imaging reports available with the medical records. Hence the request for interlaminar epidural steroid injection at C5-6 and C6-7 as well as the transforaminal epidural steroid injection bilaterally at L5-S1 roots are not medically necessary or appropriate.

Facet Block C4-5, C5-6, C6-7 bilaterally and Facet Block L4-5, L5-S1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Neck and upper back, facet injections

Decision rationale: According to Official disability guidelines, facet joint pain is suggested by tenderness to palpation in the paravertebral region with normal sensory examination, absence of radicular findings and normal straight leg raising exam. Facet blocks are recommended in neck pain and low back pain that is non radicular, at no more than two levels bilaterally, with failure to improve with conservative treatment. The employee had neck pain and low back pain. There was no documentation of facet joint tenderness or paravertebral tenderness. The request was also for multilevel facet joint blocks which are not recommended. Hence the request for facet blocks C4-5, C5-6, C6-7 and facet blocks of L4-5 and L5-S1 are not medically necessary or appropriate.