

Case Number:	CM15-0003427		
Date Assigned:	01/14/2015	Date of Injury:	12/11/2002
Decision Date:	03/17/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/07/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 51 year old male, who sustained an industrial injury on December 11, 2002. The details of the injury and immediate symptoms were not documented in the reviewed medical record. He has reported lower back pain with radiation to the bilateral legs. The diagnoses have included lumbar spine degenerative disc disease, lumbosacral radiculitis, sciatica, lumbago, muscle spasms, acquired spondylolisthesis, cervicgia and chronic pain syndrome. Treatment to date has included physical therapy, acupuncture, and lumbar spine epidural steroid injections. Currently, the injured worker complains of lower back pain radiating to the bilateral legs, neck pain, and pain and numbness of the bilateral feet. The treating physician is requesting a cervical spine epidural steroid injection at the C 5-6 level, and bilateral lumbar spine transforaminal epidural steroid injections at the L5-S1 level. On December 2, 2014 Utilization Review non-certified the request for the epidural injections noting the lack of documentation to support the medical necessity of the procedures. The MTUS Chronic Pain Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5/6 Cervical Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for the use of Epidural Steroid Injections

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing neck and lower back pain that went into the limbs. Documented examination showed decreased sensation in both arms in general but without correlation to a spinal nerve path. In the absence of such evidence, the current request for C5 epidural steroid injections is not medically necessary.

Bilateral L5/S Transforminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for the use of Epidural Steroid Injections

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing neck and lower back pain that went into the limbs. Documented examination showed positive testing involving raising each straightened leg. These records reported the worker had a prior injection of medication near the spinal nerves, but there was no discussion suggesting improvement or decreased medication use or indicating prior treatments. In the absence of such evidence, the current request for bilateral L5 transforaminal epidural steroid injections is not medically necessary.