

Case Number:	CM15-0010753		
Date Assigned:	01/28/2015	Date of Injury:	09/05/1995
Decision Date:	03/24/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/20/2015

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:

This 63 year old male sustained an industrial injury on 9/5/95, with subsequent ongoing neck, low back and right shoulder pain. Computed tomography lumbar spine (12/1/14) showed multilevel degenerative disc disease with disc bulge, facet arthropathy and retrolisthesis. Treatment included medications, physical therapy, chiropractic therapy, acupuncture, TENS, heat and epidural steroid injections. Current diagnoses included lumbar and cervical spondylosis without myelopathy, lumbar and cervical degenerative disk disease, lumbar and cervical stenosis, lumbago, cervical herniated disc and cervicalgia. In a progress note dated 11/21/14, the injured worker complained of stabbing neck, right shoulder and low back pain 8-9/10 on the visual analog scale with pins and needles radiating from the low back to bilateral knees. Physical exam was remarkable for no tenderness to palpation to the cervical paraspinal muscles, limited cervical range of motion secondary to pain, tenderness to palpation along bilateral lower lumbar paraspinal muscles with full active lumbar flexion and decreased sensation to pinprick in all extremities. Bilateral straight leg raise, FABER and Fair testing were all negative. Current medications included Norco 10/325, Flexeril, Elavil and Temazepam. The treatment plan included discontinuing Elavil and requesting authorization for bilateral L4-5 facet joint injections x 2 for treatment of lumbar facet mediated arthropathy. On 12/24/14, Utilization Review noncertified a request for Interlaminar Epidural Steroid Injection at C3-4, C4-5, C5-6, noting lack of long term improvement from previous injections and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Epidural Steroid Injection at C3-4, C4-5, C5-6: 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 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 lower back pain that went into the legs. The documented examinations did not describe findings consistent with radiculopathy at the C3-C5 levels. In the absence of such evidence, the current request for interlaminar epidural steroid injections at the C3-C5 levels is not medically necessary.