

Case Number:	CM15-0016282		
Date Assigned:	01/29/2015	Date of Injury:	03/27/1997
Decision Date:	03/18/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/09/2014

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 58 year old female sustained an industrial injury on 3/24/94 with subsequent ongoing lumbar spine and cervical spine pain. Magnetic resonance imaging cervical spine (5/20/11) showed neural foraminal C5-6 protrusion, disc bulge, foraminal stenosis and facet arthropathy. Treatment included medications, physical therapy and epidural steroid injections. In a PR-2 date 7/24/14, the injured worker complained of significant neck pain with numbness and tingling following down the C6 distribution to the first right two digits as well as ongoing lumbar radicular pain. Physical exam was remarkable for decreased range of motion in the neck, muscle spasms in the upper back and right neck region and worsening numbness and tingling down the right upper extremity. Current diagnoses included cervical and lumbar degenerative disc disease, right upper extremity radiculitis, fibromyalgia, generalized myofascial pain, lumbar spondylosis and neuropathic pain syndrome. The injured worker requested another cervical epidural steroid injection. The injured worker reported that the last one was greatly helpful in reducing radicular symptoms; however the improvement did not last more than a month. On 11/13/14, Utilization Review noncertified a request for Retrospective right cervical epidural steroid injection (CESI) at C5-6 (DOS: 08/07/14) and Retrospective assistant surgeon (DOS: 08/07/14) noting lack of lasting symptom improvement following previous epidural steroid injections and citing CA MTUS Chronic Pain Medical Treatment Guidelines and ACOEM 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:

Retrospective right cervical epidural steroid injection (CESI) at C5-6 (DOS: 08/07/14):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 46.

Decision rationale: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, there is documentation that the claimant received pain relief but the degree is not quantified. Additionally, pain relief lasted less than a month. As there is no documentation of 50 % or greater pain relief and there is documentation of only a month of pain relief, repeat epidural steroid injection C5-C6 is not medically indicated.

Retrospective assistant surgeon (DOS: 08/07/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Centers for Medicare and Medicaid Services (CMS), Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 46.

Decision rationale: The request for assistant surgeon is tied directly to the request for epidural steroid injection. The request for epidural steroid injection was denied as follows "CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, there is documentation that the claimant received pain relief but the degree is not quantified. Additionally, pain relief lasted less than a month. As there is no documentation of 50 % or greater pain relief and there is documentation of only a month of pain relief, repeat epidural steroid injection C5-C6 is not medically indicated." As the epidural steroid injection was not medically necessary, the assistant surgeon was also not medically necessary.

