

Case Number:	CM15-0111467		
Date Assigned:	06/17/2015	Date of Injury:	03/13/2014
Decision Date:	07/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old female, who sustained an industrial injury on 3/13/14. The diagnoses have included neck sprain/strain, lumbar sprain/strain, thoracic or lumbosacral radiculitis/neuritis, status post cervical fusion with a large herniated nucleus pulposus, bilateral upper extremity pain and low back pain with bilateral lower extremity radicular pain, greater in the right side. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, cervical pillow, bracing, lumbar roll, trigger point injections and other modalities. Currently, as per the physician progress note dated 5/8/15, the injured worker complains of cervical spine pain rated 8/10 on pain scale with numbness and tingling in both arms, difficulty holding her head and issues with slurred speech. The lumbar spine pain is rated 8+/10 on pain scale with radiation of symptoms to the left lower extremity (LLE). The orthopedic progress note dated 4/13/15; the injured worker has unsteady gait, poor balance, and tremor when she sits down. She has had neck surgery and reports balance issues and in coordination since the time of her injury. The physical exam of the cervical spine reveals tenderness across the posterior aspect of the neck and the trapezial ridge and tenderness in the upper back. The lumbar spine exam reveals moderate to severe pain across the lower back, pain with lumbar range of motion and positive straight leg raise bilaterally. The physician noted that the Magnetic Resonance Imaging (MRI) of the cervical spine dated 7/23/14 reveals disc protrusion with neuroforaminal encroachment and thecal sac effacement and the Magnetic Resonance Imaging (MRI) of the lumbar spine dated 7/23/14 reveals modic endplate changes with osteophytosis, right and left disc bulges, and right sided neuroforaminal encroachment.

There is also a disc bulge with facet hypertrophy and left sided neuroforaminal encroachment. There was no Magnetic Resonance Imaging (MRI) hard copy reports submitted with the records. There is no previous therapy sessions noted in the records. The physician requested treatments included Cervical Epidural Steroid Injection C7-T1 with catheter to C5-C6 and Sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C7-T1 with catheter to C5-C6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are no current subjective and objective findings supporting a diagnosis of radiculopathy corroborated by imaging or electrodiagnostic studies. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.

Sacroiliac joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x ODG Hip and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: Regarding the request for sacroiliac joint injections, CA MTUS does not address the issue. ODG recommends sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is no indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction and failure of conservative treatment directed towards the sacroiliac joint for at least 4-6 weeks. Additionally, it is unclear whether all other possible pain generators have been addressed. In the absence of clarity regarding these issues, the currently requested sacroiliac joint injections are not medically necessary.

