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| Case Number: | CM15-0112207 | | |
| Date Assigned: | 06/18/2015 | Date of Injury: | 12/12/2010 |
| Decision Date: | 07/17/2015 | UR Denial Date: | 05/15/2015 |
| Priority: | Standard | Application Received: | 06/10/2015 |

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: Massachusetts

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 42 year old male with an industrial injury dated 12/12/2010. The injured worker's diagnoses include cervical strain and low back strain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 04/29/2015, the injured worker reported pain in the cervical and lumbar spine. Objective findings revealed tenderness over both trapezius and levator muscles with hypertonicity and tenderness over the paraspinal musculature with some tenderness in both sacroiliac (SI) joints. The treating physician prescribed services for cervical/lumbar epidural injection now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in December 2010 and continues to be treated for neck and low back pain. When seen, there was paraspinal muscle tenderness and tenderness over the sacroiliac joints. There was a normal neurological examination and straight leg raising and Spurling's testing was negative. Lumbar epidural steroid injections were performed in 2012 and 2013 with reported benefit of up to 70%. Criteria for the use of an epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, there were no reported symptoms or physical examination findings that would support a diagnosis of cervical radiculopathy. The requested epidural steroid injection was not medically necessary.

Lumbar epidural injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in December 2010 and continues to be treated for neck and low back pain. When seen, there was paraspinal muscle tenderness and tenderness over the sacroiliac joints. There was a normal neurological examination and straight leg raising and Spurling's testing was negative. Lumbar epidural steroid injections were performed in 2012 and 2013 with reported benefit of up to 70%. Criteria for the use of an epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, there were no reported symptoms or physical examination findings that would support a diagnosis of lumbosacral radiculopathy. The requested epidural steroid injection was not medically necessary.