

Case Number:	CM15-0112770		
Date Assigned:	06/19/2015	Date of Injury:	06/20/2006
Decision Date:	07/17/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/11/2015

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: North Carolina

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:

The injured worker is a 44-year-old male patient who sustained an industrial injury on 06/20/2006. The accident was described as while working driving the company pick-up truck to a work site sitting at a stop light he was rear-ended by another vehicle. He then drove himself to the job site and continued with regular work duties. Due to ongoing neck pain he took himself to a hospital to be evaluated. The patient was given a soft cervical collar, prescribed Ibuprofen and taken off from work duty. The patient also tried chiropractic treatment attempting to help his subjective complaints of neck, left shoulder, and mid-back pains. He states there was no improvement with electrical stimulation treatment. The patient also noted participating in physical therapy sessions along with the use of Motrin, Vicodin, and Flexeril. On 08/09/2006 he underwent a magnetic resonance imaging study of left shoulder which showed partial tear of the left rotator cuff with a small amount of fluid noted in the subcromial-subdeltoid bursa; and tendinosis of the left biceps tendon. The cervical spine MRI done on 08/16/2006 revealed multilevel degenerative spondylosis, most pronounced at C4-5, and C5-6 where disc osteophyte ridges flatten the anterior spinal cord contour. Degenerative changes noted at C6-7 causing narrowing of the left neural foramen. Stress radiography done on 10/26/2006 showed degenerative changes at C4-5 and C6-7. On 11/14/2006, the patient underwent cervical surgery. On 03/15/2007, the patient is with new problems involving bilateral lower extremities with pain, parasthesia's. There was no particular trauma encountered. On 09/26/2007, the patient noted undergoing left shoulder arthroscopy. The patient has not returned to employment since 06/20/2006. A more recent follow up visit dated 05/20/2015 reported no change in the subjective complaints or the objective assessment. Current medications are Lexapro,

Lunesta, Norco 10/325mg, and Omeprazole. An MRI dated 05/22/2013 showed the lumbar spine with stable posterior L5-S1 fusion; multilevel disc disease; posterior disc bulging and annular tear at L1-2, and solid L2-3 vertebral body fusion with increased kyphosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral L4 transforaminal lumbar epidural injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and there by facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The provided clinical documentation for review does not show dermatomal radiculopathy on exam that is corroborated by imaging or EMG studies that are included for review in the provided clinical documentation. Therefore, the request does not meet all criteria as outlined above and is not medically necessary.