

Case Number:	CM15-0113859		
Date Assigned:	06/22/2015	Date of Injury:	11/09/2012
Decision Date:	07/22/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 42-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 9, 2012. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve a request for cervical and lumbar epidural steroid injections. The claims administrator referenced a RFA form received on May 11, 2015 and an associated progress note of April 23, 2015 in its determination. The applicant's attorney subsequently appealed. On RFA forms of May 11, 2015, concurrent authorization was sought for cervical and lumbar epidural steroid injections. Motrin, Protonix, Norco, and urine drug testing were also endorsed. In an associated progress note dated April 23, 2015, the applicant reported ongoing complaints of neck pain, low back pain, and headaches collectively graded at 8/10. The applicant exhibited difficulty ambulating in the clinic setting secondary to low back pain, it was reported. Both cervical and lumbar epidural steroid injection therapies were sought. Multiple medications were renewed. The applicant's work status was not detailed. The attending provider did not state whether the applicant had or had not had previous epidural steroid injection therapy. Lumbar MRI imaging dated December 14, 2012 was notable for the absence of any disk herniation, spinal canal stenosis, or neuroforaminal narrowing. A Medical-legal report dated February 6, 2015 was notable for commentary to the effect that the applicant had had earlier electrodiagnostic testing at an unspecified point in time demonstrating a chronic active C5-C6 radiculopathy. Permanent work restrictions were imposed. The applicant was using naproxen and tramadol for pain relief, it was acknowledged. Multifocal pain complaints were reported in various sections of the note. The applicant had developed derivative

complaints of depression and anxiety, it was acknowledged. The medical-legal provider acknowledged that the applicant was not working and noted that the applicant was a "qualified injured worker." In a letter dated May 26, 2015, the attending provider reiterated his request for cervical and lumbar epidural steroid injection therapy, again stating that the applicant had failed conservative treatment. The attending provider did not, once again, did not state whether the applicant had or had not had prior epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 transforaminal epidural steroid injection: 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 Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Low Back Problems, Epidural steroid injections (ESIs), therapeutic.

Decision rationale: No, the request for a lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend epidural steroid injection as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that injections should generally be corroborated with findings and/or radiculopathy. Here, however, earlier lumbar MRI imaging was largely negative and failed to uncover evidence of a disk herniation, spinal stenosis, neuroforaminal stenosis, etc., or other findings which might corroborate or definitively establish the presence of radiculopathy here. The multifocal nature of the applicant's complaints which include the neck, low back, psyche, head, etc., also argue against any bona fide radiculopathy, particularly when viewed in conjunction with the largely negative lumbar MRI referenced above. Finally, ODG's Low Back Chapter Epidural Steroid Injections topic also states that cervical and lumbar epidural steroid injection therapy should not be performed on the same date owing to a risk of steroid overdose. Here, the attending provider did seemingly seek authorization for cervical and lumbar epidural steroid injections, presumably to be performed on the same date. Therefore, the request was not medically necessary.

Right C3-C4, & C4-C5 transfacet epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation ODG Integrated

Treatment/Disability Duration Guidelines Low Back Problems, Epidural steroid injections (ESIs), therapeutic.

Decision rationale: Similarly, the request for a C3-C4 and C4-C5 transfacet epidural steroid injection was likewise not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend epidural steroid injection therapy as an option in the treatment of radicular pain, this recommendation is, however, qualified by further commentary made on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the attending provider did not state whether the applicant had or had not received prior cervical epidural steroid injection therapy. The presence or absence of functional improvement in terms of parameters established in MTUS 9792.20e with prior cervical epidural steroid injection (if any) was not clearly established, detailed, or expounded upon. It was not stated whether the blocks in question represented diagnostic blocks or therapeutic blocks. Finally, ODG's Low Back Chapter Epidural Steroid Injections topic also notes that cervical and lumbar epidural steroid injections should be not performed on the same date, owing to concerns of possible steroid overdose. Here, the attending provider did seemingly suggest that he was intent on performing cervical and lumbar epidural steroid injection therapy on the same date. Therefore, the request was not medically necessary.