

Case Number:	CM15-0114151		
Date Assigned:	06/22/2015	Date of Injury:	06/11/2012
Decision Date:	07/21/2015	UR Denial Date:	06/03/2015
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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 50 year old male who sustained an industrial injury on 6/11/12 from a rollover motor vehicle accident involving a big rig. His left leg was trapped. He had pain to the left hip and leg with pins and needles of the foot. He was air lifted and medically treated and had x-rays left femur, pelvis, chest, left ankle which were unremarkable. X-ray of the left elbow showed possible fracture. He was diagnosed with contusion of the left knee; lumbar strain; contusion of multiple sites on the trunk; crush injury of the left knee. He currently complains of significant neck pain associated with headaches radiating from the base of the skull to the mid-occipital areas to the temporal areas; low back pain and bilateral sciatica. His activities of daily living are limited by pain. Physical exam of the cervical and lumbosacral spine show decreased range of motion. Medical conditions include Abilify, Cymbalta, gabapentin, methadone, Fentanyl, hydromorphone. Diagnoses include status post interbody fusion with posterior lateral fusion at L5-S1 (2010); spinal headache; displacement of cervical and lumbar disc without myelopathy; degeneration of cervical and lumbar disc; post laminectomy syndrome, lumbar; spinal stenosis, cervical. Treatments to date include medications; epidural injections of C5-6 with no improvement. In the progress note dated 5/12/15 the treating provider's plan of care includes request for atlanto-occipital injection bilaterally; caudal epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral atlanto-occipital injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/7848935>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The patient is a 50 year old male with a rollover MVA on 06/11/2012. He had a lumbar strain and a crush injury of the left knee. Prior to the injury in 2010, he had a L5-S1 fusion. Recently he had neck pain and low back pain. He had epidural injections to C5-C6 with no improvement. He has decreased cervical and lumbar range of motion. MTUS, chronic pain guidelines note that epidural steroid injections do not affect impairment of function or the need for surgery. They do not provide long-term pain relief. They can provide short-term pain relief to be used in conjunction with a home exercise program and with other rehabilitation efforts in an effort to increase patient activity at the start of an injury. His injury was over two years ago. There is insufficient evidence to substantiate the medical necessity of cervical epidural steroid injections and as noted above, very limited support for lumbar epidural steroid injections. He had cervical epidural steroid injections that did not provide any improvement. A previous series of three steroid injections is not recommended. The requested bilateral atlanto-occipital injections is a "high up/superior" cervical epidural steroid injection is not medically necessary for this patient.

Caudal lumbar epidural steroid injection, bilateral L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The patient is a 50 year old male with a rollover MVA on 06/11/2012. He had a lumbar strain and a crush injury of the left knee. Prior to the injury in 2010, he had a L5-S1 fusion. Recently he had neck pain and low back pain. He had epidural injections to C5-C6 with no improvement. He has decreased cervical and lumbar range of motion. MTUS, chronic pain guidelines note that epidural steroid injections do not affect impairment of function or the need for surgery. They do not provide long-term pain relief. They can provide short-term pain relief to be used in conjunction with a home exercise program and with other rehabilitation efforts in an effort to increase patient activity at the start of an injury. However, his injury was over three years ago. There is insufficient evidence to substantiate the medical necessity of cervical epidural steroid injections and as noted above, very limited support for lumbar epidural steroid injections. He had cervical epidural injections that had no effect. The requested epidural steroid injection is not medically necessary for this patient.

