

Case Number:	CM15-0119272		
Date Assigned:	06/29/2015	Date of Injury:	06/16/1969
Decision Date:	07/28/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/19/2015

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 (IW) is a 98 year old male who sustained an industrial injury on 06/16/1969. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having Cervical, thoracic, lumbar facet syndrome, chronic spondylopathy, spinal spondylosis, and spinal subluxations. Treatment to date has included chiropractic care, medications and diagnostic bilateral L4-L5 and bilateral L5-S1 facet joint medial branch block which gave 100% improvement and increased range of motion with onset of relief within 30 minutes and lasting for two hours. Currently, the injured worker complains of chronic low back, and thoracic pain that is constant, slight to moderate in intensity, and flares to moderate to severe depending on activity. He has neck pain that is slight/moderate and occasionally increases to moderate or greater with normal activities. He also has chronic occasional slight headaches that are temporal and bilateral associated with normal activities of daily living. He is limited in his ability to kneel, to reach above shoulder level, to sit longer than one hour or drive in his car up to 1 ½ hours due to pain. His walking is limited by increased sciatica and anterior leg pains. He is restricted in lifting to 40 lbs. single lifts and repetitive lifts of 25 lbs. from floor to waist. Lifting above his shoulder creates pain. Objectively he has chronic spinous process pain in the cervical, thoracic, and lumbar spine. He has chronic myofascial trigger points in the bilateral posterior cervical muscles, trapezius, intercostals and quadratus lumborum. Range of motion in the cervical spine is decreased in all planes and he complains of chronic stiffness in the cervical spine. Range of motion in the lumbar spine is also diminished in all planes, and he complains of chronic lumbar stiffness plus burning and stinging pain.

Reflex testing is normal for the upper and lower extremities. Muscle testing reveals chronic weakness in the gluteus, and hamstrings bilaterally. Dermatome testing is abnormal bilaterally from L5-S1, and sensation is diminished bilaterally. The treatment plan includes chiropractic manipulation, physiotherapy, medications and exercises. A request for authorization is made for the following: 1. Chiropractic visits to include myofascial release/massage for the spine, 6 sessions; 2. 1 Phase, 2 Facet Nerve Rhizotomy; and 3. 1 Pain Management Epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain Management Epidural: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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 thereby 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. As the level of ESI is not specified. Therefore the request does not meet all criteria as outlined above and is not medically necessary.