

Case Number:	CM15-0129951		
Date Assigned:	07/16/2015	Date of Injury:	04/16/2008
Decision Date:	08/12/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/06/2015

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 58 year old male, who sustained an industrial injury on 4/16/08. The injured worker was diagnosed as having cervical spondylosis and lumbar/lumbosacral disc degeneration. Treatment to date has included C3-6 bilateral cervical facet blocks, a C5-6 epidural steroid injection, physical therapy, and medication. Physical examination findings on 2/17/15 included tenderness at the lower cervical thoracic region and tenderness at bilateral L4-S1 facet region. Currently, the injured worker complains of neck and low back pain. The treating physician requested authorization for cervical epidural steroid injections at C7-T1 under fluoroscopy and sedation x3 and lumbar epidural steroid injections at L5-S1 under fluoroscopy and sedation x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C7-T1 under Fluoroscopy and Sedation (x3): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Online Version), Epidural steroid injections, "series of three".

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, Page(s): 46. Decision based on Non-MTUS Citation Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant sustained a work-related injury in April 2008 and continues to be treated for neck and low back pain. He underwent a cervical laminectomy in 2010. Treatments have included physical therapy and medications and further surgery is being considered. When seen, there was an antalgic gait. Spurling's testing and straight leg raising were positive. There was a non-focal neurological examination. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. In this case, there was a non-focal neurological examination and therefore no physical examination findings of radiculopathy. A series of injections in either the diagnostic or therapeutic phase is not recommended. There is no indication for the use of sedation. The requested epidural steroid injection was not medically necessary.

Lumbar Epidural Steroid Injection L5-S1 under Fluoroscopy and Sedation (x3):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Online Version), Epidural steroid injections, "series of three".

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, Page(s): 46. Decision based on Non-MTUS Citation Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant sustained a work-related injury in April 2008 and continues to be treated for neck and low back pain. He underwent a cervical laminectomy in 2010. Treatments have included physical therapy and medications and further surgery is being considered. When seen, there was an antalgic gait. Spurling's testing and straight leg raising were positive. There was a non-focal neurological examination. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. In this case, there was a non-focal neurological examination and therefore no physical examination findings of radiculopathy. A series of injections in either the diagnostic or therapeutic phase is not recommended. There is no indication for the use of sedation. The requested epidural steroid injection was not medically necessary.