

Case Number:	CM15-0170023		
Date Assigned:	09/10/2015	Date of Injury:	02/26/2014
Decision Date:	10/08/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/28/2015

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 40 year old male, who sustained an industrial injury on 2-26-14. The injured worker was diagnosed as having discogenic cervical radiculopathy, mechanical neck pain syndrome, loss of motion segment integrity, discogenic sciatic radiculopathy, mechanical low back pain syndrome, loss of motion segment integrity of lumbar spine and abnormal posture-flexion antalgia. Treatment to date has included physical therapy, home exercise program, activity modifications, injections and oral Gabapentin. (MRI) magnetic resonance imaging of cervical spine performed on 9-2-14 revealed C3-4 and C4-5 disc desiccation, C5-6 and C6-7 degenerative disc disease and C7-T1 disc desiccation and (MRI) magnetic resonance imaging of lumbar spine performed on same day revealed continued loss of lumbar lordosis, L4-5 mild disc desiccation and L5-S1 disc desiccation. Currently on 7-22-15, the injured worker complains of increased low back pain and increased neck pain with headaches and difficulty sleeping. He rates the pain 5-7 out of 10 even with medications. Objective findings on 7-22-15 noted restricted lumbar range of motion, radiating pain to right upper extremity with cervical compression and significant muscle splinting-spasm and trigger points within the suboccipital, bilateral trapezius, levator scapula and rhomboid musculature as well as paravertebral muscles from T4 through the occiput. Lumbar and cervical motor weakness is also noted. On 7-22-15, a request for authorization was submitted for lumbar epidural steroid injection #1. On 7-29-15, utilization review non-certified a request for lumbar epidural steroid injection noting guidelines indicate radiculopathy must be documented by physical exam and corroborated by imaging studies; in this case there is insufficient evidence demonstrating the injured worker has

corroborating recent (MRI) magnetic resonance imaging findings or (EMG) Electromyogram studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-S1 transforaminal epidural under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

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 "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of back pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy found on exam for the requested level of ESI. Therefore, criteria have not been met and the request is not medically necessary.