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| Case Number: | CM15-0171523 | | |
| Date Assigned: | 09/11/2015 | Date of Injury: | 05/28/2007 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/15/2015 |
| Priority: | Standard | Application Received: | 08/31/2015 |

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 71-year-old male, who sustained an industrial injury on 5-28-07. The injured worker was diagnosed as having sciatica; pain cervical; HNP cervical; degenerative disc disease; cervical sprain; degenerative disc disease cervical; lumbar and cervical spinal stenosis; pain in lower back. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine (8-3-15). Currently, the PR-2 notes dated 8-5-15 indicated the injured worker returns to the orthopedic clinic for a follow-up visit involving his cervical and lumbar regions. The provider notes the injured worker has undergone a multilevel cervical discectomy and fusion and has recurrent complaints of neck and bilateral upper extremity pain including burning dysesthetic symptoms in both hands. A cervical epidural steroid injection with epidurogram was completed on 5-1-15. The provider notes the injured worker has significant improvements of symptoms. He presents with severe complaints of right greater than left upper extremity pain and worse with rotation to the ipsilateral side, again with burning dysesthetic symptoms extending to all digits of both hands. He notes significant discomfort, difficulty sleeping at night. The provider notes the injured worker's second issue relates to his lumbar spine. He has a history of advanced degenerative disc disease and underwent a right L5-S1 decompression surgery in the past. He presents with complaints of right greater than left lower extremity sciatica on the right side extending down to his great toe, associated with numbness and paresthesia. The injured worker reports is it now beginning on the left side, extending down to his knee. A MRI of the lumbar spine was reported on 8-3-15 revealing, "Multilevel discogenic disease is present." A procedure report was included in the medical records

indicating a lumbar transforaminal epidural steroid injection at L4-5 and L5-S1 on the right was completed on 8-28-15. The injured worker has an extensive surgical history for: angiogram, stent placement, neck surgery, partial resection of colon; tumor removal from left kidney, diverticulitis, basal cell sarcoma left ear; left carpal tunnel release; right L5-S1 laminectomy-right neuroforamenotomies; C4-C7 anterior cervical discectomy fusion with anterior instrumentation and allograft. The provider documents the results of a cervical spine MRI dated 11-8-13 revealing C3-4 and C4-5 and C6-7 severe neural foraminal stenosis; C5-6 moderate-severe bilateral neuroforaminal stenosis. The provider does document a physical examination. The injured worker sends a letter in response to the Utilization Review non-certification of services. A Request for Authorization is dated 8-30-15. A Utilization Review letter is dated 8-15-15 and non-certification was for of Cervical epidural steroid injection C7-T1 level under fluoroscopy and Bilateral transforminal blocks L5 level under fluoroscopy. The Utilization Review letter non-certified these services using the MTUS guidelines for epidural steroid injections. The provider is requesting authorization of Cervical epidural steroid injection C7-T1 level under fluoroscopy and Bilateral transforminal blocks L5 level under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical epidural steroid injection C7-T1 level 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 electro diagnostic 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 researches do 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 previous ESI however not with both reduction in pain of at

least 50% lasting 4-6 weeks and decrease in medication usage. Therefore, the request is not medically necessary.

1 Bilateral transforminal blocks L5 level 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 electro diagnostic 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 researches do 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 previous ESI however not with both reduction in pain of at least 50% lasting 4-6 weeks and decrease in medication usage. Therefore, the request is not medically necessary.