MAXIMUS Federal Services

Case Number:	CM15-0173450		
Date Assigned:	09/24/2015	Date of Injury:	09/13/2001
Decision Date:	10/29/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	09/02/2015

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: California, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 56 years old male, who sustained an industrial injury on 9-13-2001. The injured worker is undergoing treatment for arthrodesis C4-C7 with adjacent level disease, cervical facet syndrome, cervicogenic headaches, arthrodesis L4 through sacrum, lumbar degenerative disc disease and spinal stenosis. Dates of records reviewed included 12-19-2014 to 9-29-2015. On 7-7-15, he reported pain to the neck, interscapular, posterior head, lumbar, lateral thigh, bilateral knee, bilateral shoulder and left forearm. The provider noted "he had benefits greatly from transforaminal epidurals at L3-4" and that he was now showing signs of rapid deterioration of walking and sitting tolerance and a repeat epidural would help him avoid hospitalization. On 8-21-15, he reported pain to the neck, interscapular, left shoulder, and low back. He also reported right hand numbness and bilateral knee pain. He indicated that pain medications are providing little relief. Physical examination revealed restricted range of motion and tenderness to both shoulders, decreased cervical range of motion, decreased lumbar range of motion, no focal neurologic deficit to the lower extremities, tenderness to bilateral knees, and positive straight leg raise testing. The treatment and diagnostic testing to date has included magnetic resonance imaging of the lumbar (10-20-2014) which is reported to reveal facet hypertrophy stenosis and intrusion of disc osteophyte, cervical spine magnetic resonance imaging (10-20-2014), x-rays of the lumbar spine (7-20-2014), cervical spine x-rays (7-29-2014), cervical medial branch blocks (6-6-15) are reported to have given 80-100 percent relief. Medications have included Oxycodone and Valium. Current work status: permanent and stationary on future medical. The request for authorization is for repeat transforaminal epidural injection at L3-L4, quantity 1. The UR dated 7-28-2015 certified radiofrequency neurotomy at C3, C4, C7, and T1, and non-certified transforaminal epidural injection at L3-L4 quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural injection at L3-L4 times 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS cited recommends epidural steroid injections (ESIs) as an option for the treatment of radicular pain, and in general, no more than two total injections. The injured worker must have radiculopathy documented by exam, corroborated by imaging and/or electrodiagnositic studies, and be unresponsive to conservative management. No more than two nerve root levels should be injected with a transforaminal block or one interlaminal level injection per session. In the case of this injured worker, he has described lower extremity radicular symptoms, but the physical exam from 8-21-2015, does not demonstrate any lower extremity focal neurologic deficits. In addition, documentation of at least 50% pain reduction from ESI from previous ESIs and continued objective improvement is not clear. The request does not meet guideline criteria; therefore, the request for transforaminal epidural injection at L3-L4 quantity #1 is not medically necessary and appropriate.