

Case Number:	CM15-0078256		
Date Assigned:	04/29/2015	Date of Injury:	07/10/2013
Decision Date:	05/28/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/24/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 65 year old male who sustained an industrial injury on 7/10/13. He has reported initial complaints of neck and shoulder pain. The diagnoses have included lumbar radiculopathy, status post lumbar fusion and intractable low back pain, lumbar disc disease, lumbar radiculopathy, chronic pain syndrome and lumbar facet syndrome. Treatment to date has included medications, activity modifications, surgery, lumbar epidural steroid injection (ESI) and home exercise program (HEP). The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical and lumbar spine. Currently, as per the physician progress note dated 2/3/15, the injured worker complains of a decrease in low back pain but rated 7/10 on pain scale. He reports spasms of hands, legs and calves. He underwent second bilateral L4-L5 transforaminal epidural steroid injections on 1/19/15 and states that he feels that it has not helped much as of yet. He reports taking medications regularly to help the pain. Physical exam revealed tenderness, guarding and spasm over the pedicle screws, moderate facet tenderness, positive piriformis tests bilaterally, positive sacroiliac tests bilaterally and positive nerve root tests bilaterally. The lumbar range of motion was decreased due to pain and sensation was decreased. The physician requested treatments included Bilateral C4-C5 and C5-C6 Transfacet epidural steroid injections and Bilateral L2-L3 and L3-L4 transforaminal epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-C5 and C5-C6 Transfacet epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI. Decision based on Non-MTUS Citation Official Disability Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of cervical radiculopathy including MRI or EMG/NCV findings. MTUS guidelines does not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for Bilateral C4-C5 and C5-C6 Transfacet epidural steroid injections is not medically necessary.

Bilateral L2-L3 and L3-L4 transforaminal epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. There is no documentation that the patient have a sustained pain relief from previous use of steroid epidural injections. There is no documentation of functional improvement and reduction in pain medications use. In fact, the patient underwent a second bilateral L4-L5 transforaminal epidural steroid injections on 1/19/15 and states that he feels that it has not helped much as of yet. He reports taking medications regularly to help the pain. MTUS guidelines, recommends repeat epidural injection only if there is at least 50% pain improvement after the first injection for at least 6 to 8 weeks. The patient did not fulfill criteria. Therefore, the request for Bilateral L2-L3 and L3-L4 transforaminal epidural steroid injections is not medically necessary.