

Case Number:	CM15-0091955		
Date Assigned:	05/18/2015	Date of Injury:	04/19/2000
Decision Date:	06/18/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/12/2015

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

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 64 year old male, who sustained an industrial injury on 4/19/00. The injured worker was diagnosed as having post cervical laminectomy syndrome, post lumbar laminectomy syndrome, lumbar radiculopathy, spinal/lumbar degenerative disc disease and cervical radiculopathy. Treatment to date has included oral medications including opioids, epidural steroid injections, lumbar and cervical laminectomy, physical therapy and home exercise program. Currently, the injured worker complains of neck and back pain rated 5/10 with medications and 9/10 without medications, unchanged since previous visit. He notes his quality of sleep is poor and his activity level has decreased. The injured worker noted greater than 50% reduction in pain/radiculopathy following caudal epidural injection. Physical exam noted tenderness to palpation of cervical paracervical muscles and trapezius with restricted range of motion, tenderness to palpation of thoracic paravertebral muscles, rib tenderness on palpation and tenderness of lumbar paravertebral on palpation with spasm and tenderness of spinous process. The treatment plan included a request for authorization for caudal epidural injection to address cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural injection with catheter to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is a history of prior ESIs with pain relief, but there is no indication of specific functional improvement and reduction of medication use for at least 6 weeks after the most recent injections. As such, the currently requested epidural steroid injection is not medically necessary.

Cervical epidural injection at the bilateral C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is a history of prior ESIs with pain relief, but there is no indication of specific functional improvement and reduction of medication use for at least 6 weeks after the most recent injections. As such, the currently requested epidural steroid injection is not medically necessary.