

Case Number:	CM15-0093959		
Date Assigned:	05/20/2015	Date of Injury:	11/19/2002
Decision Date:	06/24/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/15/2015

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: Texas, California
 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 47 year old female, who sustained an industrial injury on 11/19/02. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical radiculopathy, lumbosacral radiculopathy; abnormality of gait; disc degeneration disease lumbar; herniated disc lumbar; fibromyalgia/myositis; unspecified neuralgia neuritis and radiculitis. Treatment to date has included bariatric surgery - gastric bypass; chiropractic therapy; TENS unit; status post spinal cord stimulator trial (11/15/10) - no permanent placement; physical therapy; trigger point injections; lumbar epidural steroid injection; lumbar laminectomy, facetectomies L4-L5, L5-S1 bilaterally, microforaminotomies L4, L5 and S1 roots bilaterally (8/27/14); medications. Diagnostics included MRI brain (5/15/12); MRI cervical spine (6/8/12). Currently, the PR-2 notes dated 5/4/15 indicated the injured worker complains of neck, hand and wrist pain. She is in the office on this day for medication refill and interval follow-up for chronic pain. Her neck pain has worsened without any new trauma or side effects and noticed an increase in left side headaches as a result of pain radiating into the left shoulder and down the left arm. In the past she has received epidural steroid injection that gave her 4-5 weeks of at least 50% pain relief. She would like a repeat of this therapy as the pain has started to interfere with her activities of daily living. She notes that the remainders of her pain complaints are stable and well controlled with her current medications regimen. Prior PR-2 notes of 2015 indicate the injured worker has been forcefully weaned off of opioid medications and has been in withdrawal per 2/6/15 notes. On physical examination the provider documents the cervical spine - palpable twitch positive trigger points are noted in the muscles of the head and neck specifically. There is

pain noted when the neck is flexed anteriorly. There is pain radiating into the left shoulder and arm with extension and extension of the cervical spine. The lumbar spine reveals pain on both sides of the L3-S1 region. There is palpable twitch with positive trigger points in the lumbar paraspinous muscles. Her gait is normal. The anterior lumbar flexion causes pain along with lumbar extension. She has some weakness in the left leg. The treatment plan includes a medications refill. The provider is requesting Cervical epidural steroid injection with catheter to the left C6-C7 with fluoroscopy and monitored anesthesia as performed in the previous injection. The patient has had two previous ESI for this injury with pain relief for 4-5 weeks at 50%. The patient has had MRI cervical spine (6/8/12) that revealed disc protrusions. The medication list include Tizanidine, Zofran, Robaxin, Norco, lorazepm and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection x 1 with fluoroscopy and monitored anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Request: Cervical epidural steroid injection x1 with fluoroscopy and monitored anesthesia. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "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. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are "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)." Radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing was not specified in the records provided. Consistent objective evidence of upper extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the cervical ESI. As stated above, ESI alone offers no significant long-term functional benefit. The patient has had two previous ESI for this injury Per the cited guidelines, "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." There was no evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous cervical ESIs. Any evidence of associated reduction of medication use due to the previous ESI, was not specified in the records provided. With this, it is deemed that the request for cervical epidural steroid injection x1 with fluoroscopy and monitored anesthesia is not medically necessary.