

Case Number:	CM15-0099099		
Date Assigned:	06/01/2015	Date of Injury:	05/03/2011
Decision Date:	07/07/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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: Preventive Medicine, Occupational 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 49-year-old male who sustained an industrial injury on 5/3/11. The injured worker was diagnosed as having degeneration of cervical intervertebral disc, lumbago, degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbar spondylosis with myelopathy, chronic pain syndrome, and pain in joint shoulder region. Currently, the injured worker was with complaints of pain in the neck, back and lower extremities. Previous treatments included injections, medication management and activity modification. Previous diagnostic studies included a magnetic resonance imaging. The injured workers pain level was noted as 8- 9/10 without medications and 5-6/10 with medications. Physical examination was notable for limited cervical range of motion, tenderness to palpation to the cervical spine, lumbar spine exam revealed inability to perform forward flexion due to pain, right lower extremity with hypoesthesia. The plan of care was for epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right T6 L5-S1 epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46.

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 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. 8) No more than 2 ESI injections. The injured worker had has previous ESIs with subjective pain relief, however, the level of pain relief nor the duration of the relief was available for review. The request for right T6 L5-S1 epidural steroid injection is not medically necessary.