

Case Number:	CM14-0156917		
Date Assigned:	09/29/2014	Date of Injury:	03/10/2006
Decision Date:	11/06/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/25/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old male who has submitted a claim for lumbar and cervical spine degenerative disc disease/degenerative joint disease associated with an industrial injury date of 03/10/2006. Medical records from 2014 were reviewed and showed that patient complained of neck pain aggravated by twisting, flexion and extension, with associated numbness into the left hand, arm and neck region. Physical examination showed reduced range of motion of the cervical spine in all planes. Decreased sharp sensation was noted in the left lateral arm with weak hand grip. Straight leg raise test was positive on the left. DTRs were normal in the bilateral upper and lower extremities. The medical records submitted were handwritten and somewhat illegible. MRI of the cervical and lumbar spine, dated 03/18/2014, showed moderate right and mild left neuroforaminal narrowing at the level of C4-C5, moderate right and severe left foraminal narrowing at the level of C5-C6, mild to moderate left neuroforaminal narrowing at the level of C6-C7, and mild bilateral neuroforaminal narrowing at the level of L5-S1. Treatment to date has included medications, TENS, and cervical and lumbar epidural steroid injection. Utilization review, dated 09/09/2014, denied the request for lumbar transforaminal epidural steroid injection because there was no documentation regarding functional benefit or pain relief from previous ESI and current radicular complaints or limitations did not support another injection; and denied the request for cervical ESI because there was no documentation regarding positive response to previous ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks. In this case, the patient complains of back pain accompanied by radicular symptoms despite medications, and epidural steroid injection. The patient has had one previous ESI on 05/28/2014. Physical examination showed positive straight leg raise test. However, there was no documentation of specific neurologic deficits in a dermatomal distribution. Moreover, MRI of the lumbar spine dated 03/18/2014 failed to show significant neuroforaminal narrowing or frank nerve root compromise. Furthermore, there was no discussion regarding percentage of pain relief or objective evidence of functional improvement or reduced medication intake derived from previous ESI. Lastly, the present request as submitted failed to specify the level of the intended procedure. The criteria for ESI have not been met. Therefore, the request for Lumbar Transforaminal Epidural Steroid Injection is not medically necessary.

CERVICAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks. In this case, the patient complains of back pain accompanied by radicular symptoms despite medications, and epidural steroid injection. The patient has had previous ESI on 02/19/2014 and 05/14/2014. Physical examination showed decreased sharp sensation in the left lateral arm and weakness of hand grip. MRI of the cervical spine, dated 03/18/2014, showed moderate right and mild left neuroforaminal narrowing at the level of C4-C5, moderate right and severe left foraminal narrowing at the level of C5-C6, and mild to moderate left neuroforaminal narrowing at the level of C6-C7. However, there was no discussion

regarding percentage of pain relief or objective evidence of functional improvement or reduced medication intake derived from previous ESIs. Furthermore, the present request as submitted failed to specify the level of the intended procedure. The criteria for ESI have not been met. Therefore, the request for Cervical Epidural Steroid Injection is not medically necessary.