

Case Number:	CM13-0005246		
Date Assigned:	06/06/2014	Date of Injury:	12/17/2005
Decision Date:	07/28/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	07/30/2013

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 66 year old male employee with date of injury of 2/17/2005. Medical records indicate the patient is undergoing treatment for cervical spinal stenosis. Subjective complaints include neck pain, headache pain, numbness in both hands, arm pain, lower back pain, bilateral leg pain and front thigh burning pain that radiates to the knee and then to the lateral calf. Has weakness in the hands. Objective findings include normal sensation in both lower extremities; 5/5 power strength in shoulders; triceps on right side is 4+/5; left side is 5/5; biceps are 5/5 on both sides; finger extension is 4/5 on both sides; Hoffman's sign is negative on both sides; sensations are bilaterally equal; movements are painful in lower extremities, particularly in bilateral buttocks; 4/5 strength in quadriceps; ilioposos and hamstrings which is restricted due to pain; tibialis anterior, gastroc-soleus, EHL, FHL is 5/5; able to walk on toes, heels; reflexes are normal. Sitting, bending movements are painful but he believes that PT is helping his lower back pain. Treatment plan at the time recommended C6-7 selective neural block bilaterally and MRI of lumbar spine. Treatment has consisted of ibuprofen, physical therapy and Norco for pain. The utilization review determination was rendered on 7/29/2013 as not medically necessary of right C7 transforaminal epidural steroid injection and follow-up visit three weeks after injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C7 transforaminal epidural steroid injection and follow-up visit three weeks after injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). 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. There was medical documentation provided that PT was helping and the patient needed to restart a home exercise program. MTUS further defines the criteria for epidural steroid injections to include: 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). While the treating physician documents radiculopathy, the medical documents state that conservative treatment (physical therapy) was helping. As such, the request for right C7 transforaminal epidural steroid injection and follow-up visit three weeks after injection is not medically necessary.