

Case Number:	CM13-0011452		
Date Assigned:	06/06/2014	Date of Injury:	03/15/2002
Decision Date:	07/24/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/15/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 59 year old female who reported pain or injury of the neck and shoulder on 03/15/2002 of unknown mechanism. She complained of constant pain to the neck that was sharp, stabbing, burning that radiates into the left shoulder and down the arm with numbness and weakness. Examination of the cervical spine on 05/01/2014 showed asymmetry of the neck and shoulders with tilting of the head and neck to the left, left trapezius tenderness, restricted range of motion in forward flexion and backward extension of 45 degrees, right/left lateral tilt of 30 degrees, right/left rotation of 60 degrees, sensation to light touch was diminished over C4 and C5 dermatome, motor strengths measured 5/5 to all upper extremity groups, no motor or sensory deficits, and grip strengths of 5/5. Per the same note the patient had an x-ray, MRI (magnetic resonance imaging), an electromyogram or nerve conduction study done, however no documentation was submitted for review. The progress note dated 03/04/2014 stated that the injured worker was having difficulty with activities of daily living, and that the pain was relieved with the current medication regimen. The injured worker had diagnoses of cervical intervertebral disc, radiculitis, displacement, and post laminectomy syndrome of cervical region. She had past treatments of ice, heat, non-steroidal anti-inflammatory drugs, and rest in which she stated had helped with improvement of pain. Her medications were Norco 10/325mg one tab every six hours, Baclofen 20mg tone tab daily, and Nucynta ER 100mg one tab twice a day. The treatment plan is for cervical epidural steroid injection with epidurography and IV sedation. The request for authorization form was not submitted for review. There is no rationale for the request for cervical epidural steroid injection with epidurography and IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION WITH EPIDUROGRAPHY AND IV SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines steroid injections epidural, criteria for use Page(s): 46.

Decision rationale: The injured worker complained of constant pain to the neck that was sharp, stabbing, burning that radiates into the left shoulder and down the arm with numbness and weakness. She had past treatments of ice, heat, non-steroidal anti-inflammatory drugs (NSAIDs), and rest in which she stated had helped with improvement of pain. The progress note dated 03/04/2014 stated that the injured worker was having difficulty with activities of daily living, and that the pain was relieved with the current medication regimen. CA MTUS chronic pain medical treatment guidelines for epidural steroid injections states that certain criteria be met in order to get ESI's for treatment of radicular pain. There must be documentation of radiculopathy on physical examination, corroborated by imaging studies or electrodiagnostic testing, failed initial conservative measures such as exercise, physical methods, NSAIDs and muscle relaxants. Documentation does not support the above criteria as there was no physical therapy mentioned, imaging results or reports. Therefore, the request for cervical epidural steroid injection (ESI) with epidurography and IV sedation is non-certified.