

Case Number:	CM13-0012958		
Date Assigned:	12/13/2013	Date of Injury:	10/14/2012
Decision Date:	02/27/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency 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 physician 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:

Patient with injury date of 10/14/12. Report from [REDACTED] (Pain management) on 8/2/13 reports that injury occurred while bending over while assisting a client out of a bathtub and "the patient became combative". No other information of injury available. Diagnosed with "potential cervical spondylosis at C5-6 with radiculitis", low back pain from lumbar spondylosis, Left trochanteric bursitis and myofascial pain syndrome. Patient report complaint of neck, bilateral upper limb pain, upper back pain, low back and Left lower limb pains and headaches. Report states that patient had received physical therapy(PT), acupuncture, chiropractic and TENS(Trancutaneous Electrical Nerve Stimulation) with no improvement. Patient had declined functional restorative program. Patient reports pain at 4-9/10 but no severity in each location is not provided. Patient report hard time sleeping due to pain. Patient is currently on Zyflammed(herbal supplement) for pain. Objective exam reports tenders to cervical paraspinal bilaterally and trapezius with pain with flexion and extension. Lower lumbar and Left buttock tenderness to palpation. Strength and reflexes reportedly normal. There is no noted sensory exam. MRI on 2/22/13 reports degenerative changes in C3-4 and C5-6 with moderate Left and severe Right neural foramen narrowing at C5-6 from uncinat process spurring. Mild C4-5 disk bulge. Patient refusing use of any other medication. [REDACTED] recommends C6-7 inter laminar epidural steroid injection for pain. Other report on 7/30/13 by primary treating physician confirms similar history and physical but does not provide any more information. This review is for approval for C6-7 inter laminar epidural steroid injection Utilization review on 8/7/13 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Interlaminar Epidural Steroid Injection at the Level of C6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS guidelines, Epidural steroid injections for radicular pain are recommended as it does relief pain for the short term pain relief but there does not seem to be significant long term improvement. As per MTUS, it has specific guidelines for its use which this patient does not meet. Guidelines require documentation of radiculopathy(defined as "pain in dermatomal distribution with corroborative findings of radiculopathy") with physical exam, electrodiagnostic studies and radiological findings. Provided information on chart does not provide any information as to dermatomal distribution of pain or any corroborative electrodiagnostics studies to support a diagnosis of radiculopathy as defined by MTUS. MRI shows neuroforaminal narrowing but no spinal stenosis or documented nerve compression. Guidelines also require failure of initial conservative treatment before recommendation. While patient has attempted physical therapy, TENS, acupuncture, chiropractic and exercise; Patient appears to consistently refuse to attempt evidence based conservative medications like NSAIDs(non-steroidal anti-inflammatory) medications and muscle relaxants that have shown effectiveness in treating pain in favor of non-evidence based "holistic" supplements. Her pain management doctor has also documented refusal to start a functional restorative program. Patient has yet to attempt full treatment options of conservative treatment of her pain. Due to failure to meet these criteria as per MTUS guidelines, Decision for Cervical Interlaminar Epidural Steroid Injection at the Level of C6 is not medically necessary and appropriate