

Case Number:	CM13-0027389		
Date Assigned:	01/03/2014	Date of Injury:	10/21/2010
Decision Date:	12/18/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/20/2013

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 Orthopedic Surgery and is licensed to practice in Arizona. 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 64 -year old female teacher sustained an injury on 10/21/2010 while working. Mechanism involved ' trip & fall ' incident, injuring her neck when she fell on metal chairs & table. Also bruised her right knee. Treated initially by her physician for cervical spine strain, possible avulsion fracture of cervical spine, contusion left shoulder, left arm, hand, radiculopathy and left patella contusion. She presently [6/30/2014] complains of neck pain, left arm pain and low back pain. Treatment consisted of medications, physical therapy and multiple local invasive procedures [mostly successful] for diagnosis and treatment of facet joint disease. She was subsequently referred to an orthopedic surgeon, who requested a MRI of the cervical spine. MRI results are outlined below. Referred to pain specialist [4/26/2011] and from 6/22/2011 to 12/9/2011 did several procedures on facet joints with overall improvement of symptoms. Also apparently consulted neurosurgeon [2/22/2013]. She now has complaints of constant left-sided neck pain, that radiates down left arm to left hand accompanied by numbness left thumb and index finger and constant low back pain. Caregiver stated on 6/3/2014 that conservative care failed and suggested treatment consisting of epidural steroid injection [ESI] and psychological consult and treatment. Noted on 6/19/2014 that cervical pain vastly improved since neurotomy [1/8/2014] of medial branch nerves left C4-5 & C5-6 facets, left sub occipital headaches returned & requested repeat of injections given successfully on 12/9/2011. She also had worsening of her right low back pain. She had repeat neurotomy of medial branch right L4-5 & L5-S1 facet joints [4/11/2014] and low back pain improved 90 %. Will not comment further on non-cervical issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical 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 2009, 9792.24.2 Page(s): 46.

Decision rationale: The MTUS states the presence of clinical radiculopathy as a pre-requisite prior to authorization of epidural steroid injection [ESI]. Radiculopathy is defined as significant alteration in the function of a nerve root or nerve roots and is usually caused by pressure on one or several nerve roots. The diagnosis requires a dermatomal distribution of pain, numbness, and/or paraesthesias in a dermatomal distribution. The diagnosis of herniated disk must be substantiated by an appropriate finding on an imaging study. The presence of findings on an imaging study in and of itself does not make the diagnosis of radiculopathy. There must also be clinical evidence." There are no documentation to support radiculopathy that is a pre-requirement for epidural steroid injection according to standard guidelines. Therefore, the request is not medically necessary.

Psych Consult and Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions/ Evaluations Page(s): 23, 100-102 ; 100-102.

Decision rationale: MTUS emphasizes that early identification and reinforcement of coping skills in the treatment of chronic pain is extremely important. If not careful, a vicious pain cycle can be created by emotional stress. The pain cycle can be created consisting of the pain initiating emotional stress and subsequently the stress created can aggravate the chronic pain cycle if not addressed. [ODG Cognitive Behavioral Therapy [CBT] guidelines should be adhered to.] MTUS states that 'stepped-care' approach is especially worthwhile. Step 1 will screen for patients that may need early intervention and should be implemented as soon as possible. Step 2 & 3 will include ODG cognitive behavioral therapy and will identify patients. The request does not designate the number of psych treatments requested Therefore, the request is not medically necessary.