

Case Number:	CM13-0026817		
Date Assigned:	03/19/2014	Date of Injury:	09/18/2012
Decision Date:	08/01/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/19/2013

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 & 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 48-year-old male who reported an injury on 09/18/2012, with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 02/19/2014, it was annotated that the injured worker was being seen for a followup status post C5-6, C6-7 anterior cervical fusion, post anterior cervical discectomy, and osteotomy dated 10/15/2013. It was annotated within the physical examination that the injured worker's surgical incision was healed and was 2 inches anteriorly right side with no hypertrophic scar. The range of motion of the cervical spine was annotated as extension 40 degrees, flexion 40 degrees, right and left rotation 7 degrees, and motor strength 5/5 in the upper extremities. The diagnoses included status post C5-6, C6-7 anterior cervical fusion and post anterior cervical discectomy and osteotomy on 10/15/2013. The treatment plan included for the injured worker to finish therapy, work-up with surgeon, and return to clinic in 6 weeks for possible permanent stationary evaluation. The injured worker was to stay off work through 04/03/2014. The request for cervical interlaminar ESI at C7-T1 level with IV sedation and fluoroscopy with rationale was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERLAMINAR EPIDURAL STEROID INJECTION C7/T1 ; WIITH IV SEDATION AND FLUOROSCOPY: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. The purpose of an ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The criteria for the use of epidural steroid injections include: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially responsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), injections should be performed using fluoroscopy (live x-ray) for guidance, no more than 2 nerve levels should be injected during transforaminal blocks, and no more than 1 interlaminar level should be injected at 1 session, and in a therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year. In the clinical notes provided for review, there is a lack of documentation of the request made by the physician for the cervical interlaminar ESI at C7-T1 level. It is documented that the injured worker is status post C5-6, C6-7 anterior cervical fusion post anterior cervical discectomy and osteotomy. It is also documented that the injured worker is currently in physical therapy. Therefore, the request for cervical interlaminar ESI at C7-T1 level with IV sedation and fluoroscopy is not medically necessary.