

Case Number:	CM13-0033636		
Date Assigned:	12/06/2013	Date of Injury:	02/27/1978
Decision Date:	02/20/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/10/2013

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 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 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:

The patient is a 57-year-old female who reported an injury on 02/27/1978. The patient is currently diagnosed with cervical spine sprain and strain with bilateral upper extremity radiculitis, lumbar spine strain and sprain, bilateral shoulder sprain and strain, bilateral wrist strain, and bilateral knee strain. The patient was seen by [REDACTED] on 09/10/2013. Physical examination revealed tenderness to palpation of the cervical spine, trapezius muscle, guarding, positive Spurling's maneuver, and diminished range of motion. Treatment recommendations included continuation of home exercise program and bracing, continuation of current medications, and bilateral C4-5 and C5-6 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral C4-C5 and C5-C6 transfacet epidural steroid injection X2 between 8/14/2013 and 10/24/2013: 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 Page(s): 46.

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended for treatment of radicular pain, with use in conjunction with other rehabilitation efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should also prove initially unresponsive to conservative treatment. As per the latest clinical notes submitted, the patient demonstrates positive Spurling's maneuver and decreased range of motion. However, there were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of cervical radiculopathy. Additionally, the patient's injury was over 30 years ago, and there is no indication that this patient has failed to respond to recent conservative treatment with exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDS) and muscle relaxants. Based on the clinical information received, the patient does not currently meet criteria for an epidural steroid injection.

1 LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar Supports.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Official Disability Guidelines state lumbar supports are not recommended for prevention, but recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. As per the clinical notes submitted, there is no evidence of significant instability. There is also no evidence of compression fracture or spondylolisthesis. The patient does have a history of a lumbar sprain and strain. However, physical examination does not reveal any significant musculoskeletal or neurological abnormality. The medical necessity for the requested service has not been established.