

Case Number:	CM13-0050197		
Date Assigned:	12/27/2013	Date of Injury:	04/13/2010
Decision Date:	04/25/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/11/2013

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, has a subspecialty in Interventional Spine 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 patient is a 42 year old male with a date of injury of 04/03/2010. The listed diagnoses per [REDACTED] are status post hardware removal and exploration of fusion, status post L5-S1 TLIF, right sided foraminal stenosis at C3-4 and lateral epicondylitis, right elbow. The earliest progress report provided for review is dated 03/04/2013. According to report dated 03/24/2013 by [REDACTED], the patient is status post lumbar removal and exploration of fusion on 1/15/13. The patient continues to have mild spasm and tenderness in the cervical and lumbar spine mostly on the right side. The examination reveals myospasm and tenderness in the cervical paraspinal muscle mass especially on the right side. There is reduced range of motion in the right lateral bending and right rotation of the cervical spine. Myospasm and tenderness continues in the lumbar spine as well. The provider is requesting a series of 3 cervical epidural injections a level C3-4. MRI of the cervical spine from 12/27/2012 revealed C3-4 2mm broad based disc protrusion which mildly impresses on the thecal sac. Mild bilateral neural foraminal narrowing is seen due to arthrosis and posteriolateral spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46-47.

Decision rationale: This patient is status post lumbar removal and exploration of fusion on 1/15/13. The patient continues to have mild spasm and tenderness in the cervical and lumbar spine mostly on the right side. The provider is requesting a series of 3 cervical epidural injections a level C3-4. The California MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain". It goes on to state under criteria for use, "Current research does not support series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections". In this case, a review of reports from 01/14/2013 to 03/04/2013, do not indicate that this patient presents with any radicular symptoms to correlate to the C3-4 dermatomal distribution. The MRI from 2012 does not show significant stenosis or herniation. ESI's are not recommended unless the patient has radicular symptoms that are corroborated by imaging studies. The 2mm disc bulge findings at C3-4 do not constitute significant findings to account for any radiculopathy. Furthermore, California MTUS does not support "series of 3 injections." The recommendation is for denial.