

Case Number:	CM13-0052962		
Date Assigned:	12/30/2013	Date of Injury:	05/03/2006
Decision Date:	06/27/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/18/2013

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 Texas. 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 reported a date of injury of 05/03/2006 the mechanism of injury is unknown. The injured worker complained of posterior neck pain, arm and leg pain bilateral and low back pain on 07/19/2013. Currently the pain is aggravated with numbness and tingling radiating down his arm. The injured worker had a lumbar and cervical radiculopathy of the lumbar degenerative disc disease and facet arthrosis. The injured worker had a physical examination findings of cervical spine tenderness and tightness of the bilateral trapezes and interscapular region on palpation. There is 50% restriction of flexion and 25% with extension. A positive spurling's test but a negative patrick's test bilaterally. There was tenderness across the lumbosacral area with 30%-50% restriction of flexion and extension. Straight leg test was mildly positive on the right. The injured worker had good range of motion. On the MRI the injured worker has evidence of disc bulges at C3-4, C4-5, C5-6 and C6-7. There is evidence of L2-3, L3-4 and L4-5 degenerative disc protrusion touching the left nerve root. At C2-3 through C6-7 of the spinal cord shows multilevel facet hypertrophy. The diagnoses of the lumbar degenerative disc disease, cervical radiculopathy, lumbar facet osteoarthritis and right knee degeneration. The injured worker's medication include Norco 10/325mg, Ambien and Lyrica. The treatment plan is for a cervical steroid injection at C5-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

A CERVICAL EPIDURAL STEROID INJECTION AT C5-C7: 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 Epidural Steroid Injections (ESIs) Page(s): 46-47.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend no more than 2 epidural steroid injections for injured workers. The guidelines also recommend that the injured workers be initially unresponsive to conservative care. The guidelines also states that epidural steroid injections can offer short term pain relief and use and should be in conjunction with rehab efforts including home exercise. There is no documentation that all conservative care directed to the cervical spine has been applied such as physical therapy. The MRI study was not submitted for review. Therefore, the request for a cervical epidural steroid injection at C5-C7 is not medically necessary and appropriate.