

Case Number:	CM13-0054341		
Date Assigned:	06/09/2014	Date of Injury:	08/14/2008
Decision Date:	07/25/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/19/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 60 year old female who reported an injury on 08/14/2008 due to unknown mechanism. The injured worker had complaints of neck and arm pain. Physical examination on 02/21/2014 revealed pain stated 6-8/10. Pain radiated to right and left arm. No past surgeries reported. Tenderness to palpation paraspinal neck with spasms, tenderness to trapezius with spasms. Range of motion for the neck , flexion was normal, extension was moderately decreased secondary to pain, lateral rotation significantly decreased secondary to pain, lateral bending significantly decreased secondary to pain. Neurological exam revealed bilateral C6 and C7 decreased sensory to pinprick with decreased thumb and finger grasp, upper extremity strength decreased on the right compared to the left. Diagnostic studies were not submitted. Medications were Tylenol as needed, metoprolol tartrate 50mg one twice daily, Colace 100mg one daily, kristalose 20 g one daily as needed, Cymbalta 30mg one daily, ibuprofen 800mg 1-2 daily as needed, MS Contin 15 mg one every twelve hours, Zanaflex 4mg two daily as needed, aspirin 81mg one daily, Norco 5/325mg one at bedtime, amitiza 24 mcg one twice daily as needed, tramadol HCL 50mg 1-2 four times daily as needed. The injured worker was recommended to exercise as tolerated. The diagnoses were chronic pain syndrome, cervical radiculopathy, cervical disc degeneration, neck pain, displaced cervical intervert disc, encounter long term use other drugs, unspecified essential hypertension. The rationale was not submitted. The request for authorization was submitted dated 12/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION WITH EPIDUROGRAM UNDER FLUOROSOCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for cervical epidural steroid injection with epidurogram under fluoroscopy is not medically necessary. The injured worker has had cervical epidural steroid injections in the past with relief. The dates were 05/06/2011, 06/17/2011 and 10/19/2011. Epidural steroid injections are to reduce pain and inflammation, restoring range of motion and to help in the progress of more active treatment programs, to avoid surgery. The California Medical Treatment Utilization Schedule states radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The document submitted lacks information. There were no diagnostic studies and physical therapy reports for review. The guidelines state radiculopathy must be corroborated by imaging studies. Therefore, the request is not medically necessary.