

Case Number:	CM13-0061061		
Date Assigned:	12/30/2013	Date of Injury:	09/06/2002
Decision Date:	05/15/2014	UR Denial Date:	11/24/2013
Priority:	Standard	Application Received:	12/04/2013

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 63-year-old male who reported injury on 09/06/2002. The specific mechanism of injury was not provided. The documentation of 10/23/2013 revealed the injured worker had complaints of pain radiating up to his neck and head with numbness and tingling to the fact. The physical examination of the cervical spine of 10/23/2013 revealed the injured worker had tenderness and spasm over the paraspinal musculature and trapezius muscles, and the axial head compression and Spurling's signs were positive bilaterally. There was facet tenderness from C5-T1. The injured worker had decreased sensation along the C6 and C7 dermatomes bilaterally. The diagnoses included cervical disc disease and cervical radiculopathy. The treatment recommendations were bilateral C5-6 and C6-7 transfacet epidural steroid injections x2. It was indicated the injured worker had radicular symptoms on physical examination and neural foraminal stenosis on the MRI, and had failed conservative treatment including physical therapy, chiropractic manipulative therapy, medication, rest, and a home exercise program. Further treatment included an H-wave system and an aggressive home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO BILATERAL C5-C6 TRANSFACET EPIDURAL STEROID INJECTIONS:

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 Page(s): 46.

Decision rationale: California MTUS Guidelines recommend, for an epidural steroid injection, there should be radiculopathy documented on objective physical exam and it must be corroborated by imaging studies and the pain must be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated the injured worker had a positive Spurling's and axial head compression test. However, there were no myotomal or dermatomal findings at the level of C5-6. The injured worker's pain was initially unresponsive to conservative treatment. There was a lack of documentation to include the official MRI report to support the necessity. There would be a lack of necessity for second injections without documented response to the first injection. Given the above, the request for two bilateral C5-C6 transfacet epidural steroid injections is not medically necessary.

TWO BILATERAL C6-C7 TRANSFACET EPIDURAL STEROID INJECTIONS:
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 Page(s): 46.

Decision rationale: California MTUS Guidelines recommend epidural steroid injections for patients who had objective documented radiculopathy upon physical examination, and the radiculopathy is corroborated by imaging studies and/or electrodiagnostic testing, and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination, and the injured worker's pain was initially unresponsive to conservative treatment. However, there was a lack of documentation of the official MRI to support the necessity for the injection. There was a lack of documentation indicating a necessity for 2 injections without re-evaluation after the first injection. Given the above, the request for two bilateral C6-C7 transfacet epidural steroid injections is not medically necessary.