

Case Number:	CM13-0070416		
Date Assigned:	01/08/2014	Date of Injury:	02/15/2007
Decision Date:	07/10/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/24/2013

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 Pain Medicine, 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 is a 52-year-old female who reported an injury on 02/15/2007. The mechanism of injury was not provided for review in the clinical documentation submitted. Within the clinical note dated 10/18/2013, the injured worker complained of neck and back pain, rated 5-6/10 in severity. She complained of worsening back pain with radiation of pain down both arms to her elbows, but denied radiation of pain, numbness, or tingling in her legs. The injured worker reported she had 3 epidural injections to her cervical spine and 2 epidural injections to her lumbar spine in the past. She reported the epidural injections of her cervical spine decreased the pain significantly for about 1 year. The injured worker has undergone 15 to 20 visits of physical therapy, 20 visits of chiropractic treatment, and 5 visits of acupuncture. Within the physical exam, the provider noted range of motion of the cervical spine demonstrated flexion to 40 degrees and extension to 30 degrees. The provider noted upper extremity and lower extremity sensation was intact. The provider noted deltoid, biceps, internal rotators, and external rotators are 5-/5 bilaterally. The injured worker underwent an MRI of the cervical spine dated 09/04/2013 to reveal cervical lordosis with degenerative disc disease and anterolisthesis C3-4 and retrolisthesis C5-6. The diagnoses included multilevel disc herniation of the cervical spine with moderate to severe neural foraminal narrowing. The provider requested a repeat interlaminar epidural injection at C4-5 and C5-6. However, a rationale was not provided for review in the clinical documentation submitted. The Request for Authorization was submitted and dated 10/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT INTERLAMINAR EPIDURAL INJECTION AT C4-5 AND C5-6: Upheld

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

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

Decision rationale: The request for repeat interlaminar epidural injection at C4-5 and C5-6 is non-certified. The injured worker reported having 3 epidural injections of her cervical spine, and 2 epidural injections of her lumbar spine in the past. She reported the epidural steroid injections to her cervical spine decreased the pain significantly for about 1 year. The injured worker has gone to 15 to 20 visits of physical therapy, 20 visits of chiropractic treatment, and 5 visits of acupuncture. The California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain, defined as pain in the dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing. Patients should be initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants. There is a lack of imaging studies to corroborate the diagnosis of radiculopathy. The injured worker has previously undergone an epidural steroid injection, which decreased cervical pain for 1 year, However there is a lack of documentation indicating if the injured worker had at least 50 % pain relief associated with the reduction of medication use for 6 to 8 weeks, improvement in functional ability. Therefore, the request for repeat interlaminar epidural injection at C4-5 and C5-6 is not medically necessary and appropriate.