

Case Number:	CM13-0070806		
Date Assigned:	01/08/2014	Date of Injury:	02/10/2003
Decision Date:	05/29/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/26/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas and Florida. 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 45 year old female who was injured on 2/10/2003. The diagnoses listed are chronic low back pain, neck pain, SI joints pain and muscle spasm. There are associated symptoms of insomnia, depressed mood and decreased physical function. On 12/5/2013, [REDACTED] documented subjective complaints of neck pain radiating down bilateral upper extremities with numbness at finger tips. There was objective findings of positive Spurling's test and decreased range of motion. There is no radiological report of the cervical spine documenting changes that could be a possible cause of the radicular pain. A 2012 bilateral SI joints injections and radiofrequency resulted in significant decrease in pain, increase in function and decrease in medication utilization. The medications listed are MS Contin and Lidoderm for pain, Colace, Senna and Compazine for prophylaxis and treatment of opioid related side effects, Lunesta for sleep, Flexeril for muscle spasm and Lorazepam for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-C7 INTERLAMINAR EPIDURAL STEROID INJECTION BILATERAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

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

Decision rationale: The California MTUS addressed the use of epidural steroid injection for the treatment of cervical radiculopathy. The presence of radiculopathy must be documented by subjective, objective and radiographic findings. The indication for epidural steroid injections are; to reduce pain and inflammation, increase range of motion or function and delay or avoid surgery in patients who have failed conservative treatment such as PT, exercise and medications. It is recommended that not more than two levels of epidural injection be performed at each setting. There is no available radiological report of the cervical spine showing disc bulges with nerve root impingement that could be attributed as a possible cause of the cervical radiculopathy. It is necessary to have an accurate radiographic location of the pathological changes. An accurate epidural needle placement would result a greater efficacy of the epidural steroid injection. The request is not medically necessary or appropriate.