

Case Number:	CM14-0002865		
Date Assigned:	01/29/2014	Date of Injury:	04/02/2011
Decision Date:	06/19/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/08/2014

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, and is licensed to practice in Illinois. 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 27-year-old who reported an injury on March 2, 2011. The injured worker was status post C6-7 disc replacement. On December 31, 2013 the injured worker reported headaches and neck pain. She reported pain and numbness to the hands bilaterally. The injured worker reported that physical therapy and massage therapy did not work. She reported that trigger point injections were effective. The physical examination findings included tenderness along the C2-C7 regions bilaterally. The treatment plan included refills of Zanaflex, Norco, Lidocaine and Flector patches. The State of California Division of Workers Compensation Request for Authorization for Medical Treatment was submitted and dated December 27, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL INJECTION CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CRITERIA FOR ESI, 46.

Decision rationale: The injured worker is status post C6-7 disc replacement and reports headaches and neck pain. She has a history of pain medication use, physical therapy, massage therapy and trigger point injections. The last physical examination submitted for review found tenderness along C2-C7 bilaterally. The Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain. The purpose of an epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment. The guidelines state that there must be documented radiculopathy by physical examination and corroborated by imaging studies or electrodiagnostic testing. The guidelines state no more than two nerve root levels should be injected using transforaminal blocks and that injections should be performed using fluoroscopy (live x-ray) for guidance. The documents provided do not support radiculopathy as there is a lack of evidence of findings of radiculopathy upon physical examination. Also, the request is non-specific as to where the injections requested were to be performed. The requesting physician did not include an official MRI of the lumbar spine within the medical records. The request for an epidural injection to the cervical spine is not medically necessary or appropriate.