

Case Number:	CM14-0005421		
Date Assigned:	04/30/2014	Date of Injury:	03/19/2010
Decision Date:	07/08/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/15/2014

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 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 61 year old female who reported an injury on 03/19/2010, the mechanism of injury was not provided. The clinical note dated 11/27/2013 noted the injured worker presented with increased neck pain radiated to her right shoulder, constant right wrist pain with occasional shooting pain to the right elbow, numbness and tingling in her thumb, index finger, and middle finger, weakness in her right hand with difficulty gripping, constant right knee pain with increased left knee pain and weakness plus giving way in the bilateral knees. Upon examination of the cervical spine, range of motion values were 35 degrees of flexion, 30 degrees extension, 60 degrees of rotation, and 20 degrees of lateral bending. Palpation of the neck revealed very mild tenderness over the cervical spinous process mainly at the base of the neck, moderate tenderness at the right paraspinal muscle with mild to moderate tenderness in the left paraspinal muscle, mild to moderate tenderness in the right trapezius muscle with mild plus tenderness in the left trapezius muscle, and moderate plus tenderness over the nerve roots on both sides of the neck. The injured worker was diagnosed with degenerative cervical IV, cervical spondylosis without myelopathy, spinal stenosis in cervical region, brachial neuritis/radiculitis other, carpal tunnel syndrome, tenosynovitis of the hand and wrist, osteoarthritis local prime lower leg, traumatic arthropathy lower leg, tear medial meniscus of the knee, tear lateral meniscus of the knee, sprain/strain cruciate ligament of the knee, obesity unspecified, and benign essential hypertension. The provider recommended a cervical epidural steroid injection at the C4-5, C5-6, and C6-7 levels and a referral back with a pain management for cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION AT C4-5, C5-6, C6-7: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts including continuing a home exercise program. There is no information of her improved function. The criteria for use for an ESI are radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The clinical notes lack evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There is lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods, and medications. The request did not indicate the use of fluoroscopy for guidance in the request. The request for an epidural steroid injection at the C4-5, C5-6, and C6-7 exceeds the recommended no more than 2 nerve root levels by the MTUS Chronic Pain Guidelines. As such, the request is not medically necessary and appropriate.

REFER BACK WITH PAIN MANAGEMENT FOR CERVICAL EPIDURAL STEROID INJECTION (CESI): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.