

Case Number:	CM14-0108497		
Date Assigned:	08/01/2014	Date of Injury:	09/14/2000
Decision Date:	09/09/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/12/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 68-year-old female who reported an injury 09/14/2000 due to some boxes falling on her lower back. The injured worker has diagnoses of cervical post laminectomy syndrome, cervical spinal stenosis and cervical radiculopathy. The injured worker past treatment includes the use of a TENS unit, physical therapy, and medication therapy. Medications include ibuprofen 800 mg 1 tablet 3 times a day, Lidoderm patch 5% 1 patch 12 hours, amitriptyline HCL 100 mg 1 tablet at night, and Ativan 0.5 tablet. An EMG of the cervical spine was obtained 08/19/2013, an MRI of the cervical spine without contrast was obtained 11/05/2012, and a TFE was obtained on 01/21/2014 of bilateral C7 and left C8 level. The injured worker was postop laminectomy cervical patient. The injured worker complained of cervical pain. The injured worker stated that the pain had been consistent and characterized the pain as dull, stabbing and burning. She stated that the pain radiated to her shoulders bilaterally. She also stated that her neck, upper back, paracervical and arm symptoms, particularly on the left, and to a lesser degree in the right, were getting worse. There were no measureable levels of pain documented in the submitted report. Physical examination dated 06/30/2014 revealed that the injured worker's motor and sensory and reflex testing were unchanged in the upper extremities bilaterally. There was some sensory decrease to C7-8 to light touch. The injured worker remained markedly restricted in all cervical planes of motion, particularly on extension and rotation on the left side, 60% to 70%. The others were about 50%. Hoffman's sign was absent. There was a diffuse cervical spasm. The treatment plan for the injured worker is to go on with a transforaminal epidural injection at bilateral C7 and left C8. The rationale is that at present time the pain is so severe that the injured worker would like to receive injections while the surgical plan is being sorted out. The Request for Authorization was submitted on 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Injection; (B) C7, (L) C8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Criteria.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs)(Transforaminal Epidural Injection) Page(s): 46..

Decision rationale: The injured worker complained of cervical pain. The injured worker stated that the pain had been consistent and characterized the pain as dull, stabbing and burning. She stated that the pain radiated to her shoulders bilaterally. She also stated that her neck, upper back, paracervical and arm symptoms, particularly on the left, and to a lesser degree in the right, were getting worse. There were no measureable levels of pain documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) criteria guidelines state that for Transforaminal Epidural Injection radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. They must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). MTUS guidelines also state 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. The submitted report lacked evidence of MRI done on the injured worker's cervical spine. Guidelines stipulate that there must be radiculopathy documented by physical examination and corroborated by MRI. Guidelines also state that the injured worker must be initially unresponsive to conservative care. Reports show that the injured worker has had physical therapy and medication treatment in the past but it was not documented if the injured worker was unresponsive to such treatment. There was also no evidence of any home exercise program that had been ineffective. Furthermore, it was noted on progress note dated 05/08/2014 that the injured worker had numerous cervical injections which gave her relief, but they had become less effective over time. The medical necessity of repeat ESIs to the cervical spine is unclear seeing that the efficacy has diminished. Given the above, the request for transforaminal epidural steroid injections is not medically necessary and appropriate.