

Case Number:	CM14-0108759		
Date Assigned:	08/01/2014	Date of Injury:	12/12/2009
Decision Date:	09/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/14/2014

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 California and Washington. 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 33-year-old female who reported an injury on 12/12/2009 reportedly when hit by a falling ladder with a left wrist injury. The injured worker reported low back pain and bilateral wrist pain later. The injured worker's treatment history included medications, physical therapy, acupuncture, magnetic resonance imaging (MRI), x-rays, electromyogram (EMG) and nerve conduction studies (NCV), and psychotherapy treatments. The injured worker had undergone MRI of the cervical spine on 03/28/2011 that revealed small disc protrusions at C5-6 and C3-4 of 2 mm, degenerative in nature and without foraminal or nerve root impingement. On 04/08/2014, the injured worker was evaluated and it was documented the injured worker complained of chronic neck pain referring to the left hand and the examination described as patchy sensory change at C5-6. The provider noted there was a positive Spurling's test, a chronic finding, but no motor or DTR examination was documented. No specific lesion causing radiculopathy was described. It was noted was the 2 mm disc protrusion on 2001 cervical MRI scan. Diagnoses included early cervical disc degeneration with radicular pain complaints, left upper extremity, early disc degeneration lumbar spine, radicular pain to the left hip, left knee, and left ankle, thoracic musculoligamentous strain, right wrist strain, rotator cuff tendonitis, left shoulder, anxiety with sleep disorder and chronic sore throat with multiple sub-mandibular lymph nodes with tonsillar enlargement with gastritis. The request for authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection (ESI) at C5-6: Upheld

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

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

Decision rationale: The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criteria for ESIs. There was lack of documentation of home exercise regimen, and pain medication management and prior physical therapy outcome measurements for the injured worker. The provider failed to indicate injured worker long-term goals of treatment. Given the above, the request for cervical epidural steroid injection (ESI) at C5-6 is not medically necessary and appropriate.