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| Case Number: | CM14-0015316 | | |
| Date Assigned: | 02/28/2014 | Date of Injury: | 10/14/2008 |
| Decision Date: | 07/07/2014 | UR Denial Date: | 01/29/2014 |
| Priority: | Standard | Application Received: | 02/06/2014 |

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 53-year-old male who reported an injury on 10/14/2008, secondary to a fall. His diagnoses include lumbar disc degeneration, chronic pain, lumbar radiculopathy and lumbar spinal stenosis. According to the medical records submitted for review, the injured worker has also been treated with medications. An MRI of the cervical spine performed on 04/24/2013 was noted to reveal multilevel deteriorative disc level changes with associated disc bulging. It was noted that neural foraminal encroachment was the greatest involving the left C3-4 level. An x-ray of the cervical spine performed on 05/01/2013 was noted to reveal slight to moderate C3-4 neural foraminal narrowing and slight bilateral C5-6 neural foraminal narrowing. The injured worker was evaluated on 12/02/2013 and reported neck pain radiating to the right upper extremity. On physical examination, he was noted to have spinal vertebral tenderness to the cervical spine at levels C4-7. The injured worker was recommended for a cervical epidural steroid injection. The documentation submitted for review failed to provide a Request for Authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION: 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 (ESIs) Page(s): 46.

Decision rationale: The California MTUS Guidelines may recommend an epidural steroid injection as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. These guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies. The injured worker reported neck pain radiating to the right upper extremity. On examination, he was noted to have spinal vertebral tenderness in the cervical spine from C4-7. There was a lack of documented evidence of subjective reports of radicular pain in a specific dermatomal distribution. Additionally, there is a lack of recently documented physical examination findings of weakness or decreased sensation in a dermatomal distribution to support subjective reports of radiculopathy. Furthermore, while an MRI of the cervical spine was noted to reveal neural foraminal encroachment involving the left C3-4 level, the request as written does not specify a cervical level for treatment with the epidural steroid injection. Therefore, it cannot be determined that the imaging studies corroborate the reports of radiculopathy consistent with a specific nerve root level. Moreover, the guidelines state that epidural steroid injections should not be repeated unless there is documentation of at least 50% pain relief for 6 to 8 weeks after a previous epidural steroid injection. The medical records submitted for review failed to indicate whether the requested injection is an initial injection or a repeat epidural steroid injection. There is insufficient documentation to warrant treatment with a cervical epidural steroid injection at this time. As such, the request for a cervical epidural steroid injection is not medically necessary and appropriate.