

Case Number:	CM14-0015436		
Date Assigned:	02/28/2014	Date of Injury:	05/24/2011
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
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 and is licensed to practice in California. 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 patient is a 55 year old female who was injured on 05/24/2011 while she was trying to fix a client's wheelchair. As she was picking it up her back and stomach "cracked." She felt pain in her stomach and in her entire back from the neck to the lower back. Prior treatment history has included physical therapy, injections and medications to include: 1. Pantoprazole 20 mg 2. Tizanidine 2 mg 3. Tramadol 50 mg 4. Glipizide 10 mg 5. Glucophage 1000 mg 6. Insulin N 60 U. daily Diagnostic studies reviewed include MRI of the cervical spine which revealed a 3.6 mm focal posterior disc protrusion C5-C6 and a 2.9 mm posterior right paramedian disc protrusion C6-C7. PR-2 dated 01/13/2014 documented the patient underwent cervical epidural steroid injection with [REDACTED] on 11/26/2013. She found this injection to be very helpful. Overall she feels that her pain has gotten better since her last visit to the office. The patient complains of ongoing pain over her neck, which radiates to the left arm. She describes this pain as being constant in terms of frequency. She feels pain with any movement. Objective findings on exam of the cervical spine reveal slight tenderness to palpation over the bilateral trapezius. The thoracic spine exam shows tenderness over the dorsal aspect of this area. Examination of the lumbar spine reveals tenderness to palpation over the lumbosacral midline, left buttock and left sciatic notch. There is bilateral hamstring tightness over this area. Straight leg raise is slightly positive to the left. Diagnoses: 1. Cephalgia 2. Cervical sprain/strain 3. Cervical spine 3.5 mm focal posterior disc protrusion at C5-6 and 2.9 mm posterior right paramedian disc protrusion C6-7, per MRI 01/24/2013. UR report dated 01/27/2014 did not certify the request for cervical epidural steroid injection because the clinical documentation submitted for review failed to document the patient had at least 50% relief with the associated reduction of medication use for six weeks to 8 weeks. Given the above and the lack of objective findings on examination, along with the lack of laterality and location of the level for the injection, the request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTIONS 1X1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, , 46

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

Decision rationale: As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. One of the criteria stated by the guidelines for the use of ESIs for radicular pain management is; "Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)". The available medical records do not document the failure of the conservative measures to control the patient's pain, which should be addressed with detailed pain and functional assessment. Furthermore, repeat cervical epidural injection may be indicated when the patient has had at least 50% pain relief for a period of 6-8 weeks with the prior injection. There is little information as to the objective measurements (i.e. pain level, range of motion). Therefore, the medical necessity of the requested procedure cannot be established at this time and is non-certified.