

Case Number:	CM14-0016474		
Date Assigned:	04/11/2014	Date of Injury:	12/13/2012
Decision Date:	05/28/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/10/2014

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 & 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 injured worker is a 44-year-old male who reported an injury on 12/13/2012. The mechanism of injury reported was a lifting action. The injury reportedly occurred while the injured worker was implementing a search warrant and was carrying a heavy battering ram. Clinical office note dated 01/22/2014 noted that the injured worker had increased complaints of pain from the neck, radiating from the neck down to the left arm, with tingling and numbness over the left arm. The injured worker rated the pain as an 8 on a scale of 1 to 10. The current medications listed on the clinical note were ibuprofen 800 mg, Lipitor 10 mg, Lisinopril 5 mg, and Tylenol with Codeine #3. Unofficial MRI of the cervical area noted degenerative changes at multiple levels, C5-6 canal stenosis with a large right lateral disc protrusion, moderate stenosis; right neural foraminal narrowing, severe; left neural foraminal narrowing, moderate; C6-7 canal stenosis with left central disc extrusion, 18 mm transverse by 3 mm AP, approximately 4 mm; severe stenosis, with severe left neural foraminal narrowing. The physical exam findings included a sensory exam with light touch sensation was noted to be decreased over the thumb, index finger, and middle finger on the left side and sensation to pinprick was decreased over the middle finger on the left side. The injured worker had a positive Spurling's test. The treatment plan included work restrictions with periodic breaks for stretches, no climbing ladders, phones/headset, and no lifting greater than 90 pounds and a cervical ESI at C7-T1 was recommended. The physician did not provide a rationale for the requested treatment and the date the treatment was requested was not provided for review with the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

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

Decision rationale: California MTUS Guidelines state that epidural steroid injection may be recommended for radiculopathy, but the radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; and the patient must be initially unresponsive to conservative treatment in the past. The California MTUS Guidelines recommend that for a patient to undergo a repeat epidural steroid injection, there must be objective documented pain and functional improvement, including at least 50% relief with associated reduction of medication with use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. Clinical documentation dated 01/22/2014 noted that the injured worker presented status post a cervical epidural steroid injection on 12/20/2013 and reported a 0% decrease in pain. The California MTUS Guidelines state that current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. They do not recommend more than 2 epidural steroid injections. The documentation provided for the injured worker's previous injections notes that the injured worker has had a series of 2 injections. Therefore, the request for the cervical epidural steroid injection from C7-T1 is not medically necessary.