

Case Number:	CM14-0017048		
Date Assigned:	04/07/2014	Date of Injury:	06/15/1999
Decision Date:	05/27/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/21/2014

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 Illinois. 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 57-year-old female who reported an injury on 06/15/1999 after she developed a gradual onset of right upper extremity pain while performing normal job duties. The injured worker's treatment history included chiropractic care, physical therapy, home exercise program, a TENS unit, and multiple medications. The injured worker was evaluated on 07/19/2013. It was documented that the injured worker had ongoing cervical and low back pain. Physical findings included tenderness in the cervical paraspinal musculature with trigger points over the trapezius and rhomboid muscles with limited range of motion and severe occipital tenderness. Evaluation of the lumbar spine documented a positive straight leg raise test with facet joint tenderness and sacroiliac joint tenderness with limited lumbar range of motion secondary to pain. It was documented that the injured worker had mild weakness of the right upper extremity when compared to the left. The injured worker's diagnoses included occipital neuralgia, cervical radiculopathy, cervicgia, myofascial pain syndrome, chronic pain syndrome, spondylosis of the lumbar spine, and cervical discogenic spine pain. The injured worker's treatment plan included continuation of medications and a home exercise program and consideration of an epidural steroid injection. The injured worker was evaluated again on 01/06/2014. A request was made for a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL INJECTION UNDER FLUOROSCOPIC GUIDANCE WITH ANESTHESIA 1X1: 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 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Epidural Steroid Injections.

Decision rationale: The requested cervical epidural steroid injection under fluoroscopic guidance with anesthesia 1x1 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for injured workers who have physical examination findings of radiculopathy that is supported by an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review did indicate that the injured worker has undergone several types of conservative treatments without lasting benefit. However, the clinical documentation did not provide adequate support for radiculopathy. Although there is documentation of motor strength weakness in the right upper extremity there is no documentation of deficits in specific dermatomal or myotomal distributions. Additionally, the clinical documentation submitted for review did not provide an imaging study or an electrodiagnostic study to support nerve root involvement. California Medical Treatment Utilization Schedule does not address the use of anesthesia. However, Official Disability Guidelines state that the use of anesthesia during this type of procedure should be reserved for injured workers who have a documented phobia of needles or the requested procedure. There is no documentation that the injured worker would require anesthesia due to increased anxiety level regarding the procedure. Additionally, the request as it is submitted does not specifically identify a level of which the procedure will be administered to. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested cervical epidural steroid injection under fluoroscopic guidance with anesthesia 1x1 is not medically necessary or appropriate.