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| Case Number: | CM14-0019826 | | |
| Date Assigned: | 04/28/2014 | Date of Injury: | 11/09/2011 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 02/11/2014 |
| Priority: | Standard | Application Received: | 02/18/2014 |

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 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 60 year old female who reported an injury on 11/09/2011 due to an unknown mechanism. The clinical note dated 12/17/2013 indicated diagnoses of facet dysfunction-cervical, back strain/sprain, degenerative disc disease-cervical, muscle spasms, headache with vertigo and visual issues, postconcussion syndrome, TMJ dysfunction, and anxiety disorder. The injured worker reported neck pain with persistent headache and she rated her pain at 7/10. The injured worker reported numbness, weakness suicidal thoughts, balance problems, fatigue, poor sleep, and nausea. On physical exam, the cervical exam range of motion findings were 10 degrees left and right rotation, 15 degrees extension, 20 degrees flexion. There was tenderness to the spinous process, cervical paraspinal muscle and trapezius muscle and spasms with left greater than right. The injured worker had multilevel facet tenderness to facet loading bilaterally with left greater than right, and tenderness to bilateral posterior occipital region. The official MRI dated 05/20/2013, revealed mild cervical spondylosis resulting in mild spinal stenosis at C5-C6. The MRI also indicated left C3-C4 and C5-C6 neural foraminal narrowing. The injured worker's medication regimen included Norco, Flexeril, Clonazepam, Mobic, Topamax and Amitriptyline. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL INTRALAMINAR EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

Decision rationale: The request for cervical intralaminar steroid injection is non-certified. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Guidelines state that the injured worker should be initially unresponsive to conservative treatment and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. It is unclear as to whether the injured worker has been in a physical therapy program. In addition, the request does not provide a level for the steroid. Furthermore, the note on 12/17/2013 failed to provide evidence of neurological deficits on physical exam. Therefore, per the California Chronic Pain Medical Treatment Guidelines, the request for cervical intralaminar steroid injection is not medically necessary.