

Case Number:	CM14-0116752		
Date Assigned:	08/04/2014	Date of Injury:	11/05/2013
Decision Date:	09/23/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/24/2014

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 Medicine 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 58-year-old female who reported an injury on 11/05/2013 due to a resident backing into her with her with a wheelchair, impacting the right lower back and hip area. The injured worker had diagnoses of cervicalgia, rotator cuff disorder, pain in the joint involving the lower leg, sprain to the hip and thigh, lumbar and lumbosacral disc degeneration, and sciatica. The MRI of the lumbar spine of unknown date revealed a grade I degenerative slip of the L4 with a left sided disc herniation at L4-5. The diagnostics also included x-rays. The past treatments included epidural steroid injection times 2 and medications. The MRI of the cervical spine dated 05/12/2014 revealed a cervical spondylosis most severe at the L56 level with a moderate disc osteophyte complex and facet arthropathy resulting in mild to moderate central stenosis with flattening of the central core as well as severe bilateral foraminal narrowing. No objective findings noted. The treatment plan included a left C5-6 transforaminal epidural steroid injection. The request for authorization dated 07/08/2014 was submitted with documentation. The rationale for the cervical epidural steroid injection was the injured worker had had prior injections to the cervical region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C5-6 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Web Edition, 2010, page 46.

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

Decision rationale: The request for Left C5-6 transforaminal epidural steroid injection is not medically necessary. The California MTUS guidelines recommend for an epidural steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDS and Muscle Relaxants. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The guidelines indicate that the injured worker should be unresponsive to conservative treatment including exercise, physical therapy, non-steroidal anti-inflammatory medications, and muscle relaxants. The clinical note indicates that the injured worker is currently taking ibuprofen 800 mg; however, no measure of efficacy was provided. No indication that conservative treatment had failed. The injured worker had physical therapy however, no documentation was submitted. The injured worker also complains about paresthesias to the right arm. As such, the request is not medically necessary.