MAXIMUS Federal Services

Case Number:	CM14-0118243		
Date Assigned:	08/06/2014	Date of Injury:	06/29/2011
Decision Date:	09/15/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/28/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 51-year-old male who reported an injury on 06/29/2011. The mechanism of injury involved a fall. The current diagnoses include status post cervical fusion and status post lumbar fusion with painful hardware. The injured worker was evaluated on 06/18/2014 with complaints of persistent lower back pain with radiation into the bilateral lower extremities. Previous conservative treatment includes physical therapy, medication management, several lumbar epidural injections and facet injections, trigger point injections, and activity modification. It is noted that the injured worker underwent back surgery in 2006, left elbow surgery in 2010, a decompression surgery in 2011, neck surgery in 2006, and left wrist surgery in 2010. The current medication regimen includes Percocet, morphine, gabapentin, and Zoloft. Physical examination of the cervical spine revealed abnormal lordosis, tenderness to palpation with muscle spasm, positive axial head compression testing, positive Spurling's maneuver, tenderness to palpation, limited cervical range of motion, and decreased sensation in the bilateral C4-6 dermatomes. Treatment recommendations at that time included a hardware injection, a cervical epidural steroid injection, a urine drug screening, and continuation of the current medication regimen. It is noted that the injured worker underwent electrodiagnostic studies on 01/27/2014, which indicated no electrical evidence of cervical radiculopathy. The injured worker also underwent an MRI of the cervical spine on 01/17/2014, which indicated disc desiccation with a 2 mm midline disc protrusion at C3-4 with moderate left neural foraminal narrowing. There was no DWC Form RFA submitted for the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

lEFT C3-C-4 Transfacet epidural steroid injection QTY 1: Upheld

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

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radiculopathy, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, the injured worker's physical examination does reveal decreased sensation in the bilateral C4-6 dermatomes, diminished strength in the bilateral upper extremities, and positive Spurling's maneuver. However, there was no documentation of cervical radiculopathy upon electrodiagnostic studies. Therefore, the current request cannot be determined as medically appropriate in this case. As such, the request is not medically necessary.