

Case Number:	CM14-0125577		
Date Assigned:	08/11/2014	Date of Injury:	03/25/2002
Decision Date:	09/18/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/07/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 62-year-old female who reported injury on 03/25/2002. The mechanism of injury was not provided. The prior therapies included a fusion at C3-6. The prior testing included an EMG/NCV and an x-ray of the cervical spine. The injured worker underwent an MRI of the cervical spine without contrast on 06/05/2014 which revealed there was degenerative disc disease at C6-7 and C7-T1. There was moderate left C5-6 neural foraminal stenosis on the left C6 nerve root. There was 3 mm anterior subluxation of C7-T1. The physician opined it was thought to be due to degenerative disc disease in the facets and degenerative joint disease in the facets at C7-T1. There was posterior screw fixation placement at C7. Additional treatments included a medial branch block, medications and a radiofrequency neurolysis. The surgical history included multiple cervical spine procedures and other noncontributory procedures. The most recent documentation was dated 05/28/2014. The medications included Trazodone 50 mg tablets, Topiramate 100 mg tablets, Topamax 50 mg tablets, Robaxin 500 mg capsules, Plavix, Proair HFA, Pantoprazole 40 mg tablets, Percocet 10/325 mg tablets, Oxycontin 20 mg tablets extended release, Lyrica 75 mg capsules, losartan 25 mg tablets, and Cymbalta 30 mg tablets, along with Dulera 200/5 inhaler 2 puffs twice a day. The physical examination revealed the injured worker had hip pain, shoulder pain, back pain, and radicular pain in the bilateral arms. The injured worker indicated she was experiencing back stiffness and radicular pain in the right leg and right leg pain. The physical examination revealed the injured worker had decreased sensation and decreased grip strength in the right upper extremity. The injured worker had neck pain to palpation over C2-6 facet capsules left sided secondary myofascial pain with triggering and ropey fibrotic banding, along with pain with rotational extension indicative of facet capsular tears. The diagnoses included the injured worker was status post "DRDB" of the cervical spine right C2-3. The treatment plan included a continuation of the medications. There was no

Request for Authorization submitted for the request. There was no physical examination submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C7-T1 Epidural injections Qty: 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odgtwc.com/odgtwc/neck.htm>) Criteria for the use of Epidural steroid injections, therapeutic.

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy upon physical examination that are corroborated by electrodiagnostic and/or MRI studies. There should be documentation of a failure of conservative treatment including physical medicine, exercises, NSAIDs, and muscle relaxants. The clinical documentation submitted for review failed to provide documentation of the above. There was no DWC form RFA or PR2 submitted for the requested procedure. Additionally, the California MTUS Guidelines do not support a series of 3 injections. There could be no additional injections without re-evaluation of treatment success. It is therefore stated that the request for Right C7-T1 Epidural injections Qty: 3 are not medically necessary.