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| Case Number: | CM14-0129474 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 10/21/2013 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 08/05/2014 |
| Priority: | Standard | Application Received: | 08/14/2014 |

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, has a subspecialty in 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 42-year-old female who reported injury on 10/21/2013; reportedly while at work, a patient had barricaded furniture in their room, a bed fell on her left side, hitting her head to shoulder. The injured worker's treatment history included physical therapy, medications, and studies. The injured worker had an MRI of the lumbar spine on 05/30/2014 that revealed trace 1 mm disc bulge at L4-5 with minimal for foraminal stenosis bilaterally, 3 mm disc bulge and annular fissure at L5-S1, and moderate left foraminal narrowing. No significant central or foraminal stenosis at the levels. Minimal scoliosis. The injured worker was evaluated on 07/25/2014, it was documented that the injured worker complained of low back and left lower extremity pain. Within the documentation submitted, the provider noted the injured worker had no improvement with physical therapy sessions. The pain was located in the low back, posterior left thigh and calf, down to the foot. The pain bothered the injured worker daily, that felt like pressure and stabbing. The pain level was rated at 7/10 to 8/10 on the pain scale. Back pain was worse than leg pain. Objective findings: Lumbar/back examination, the injured worker exhibited decreased range of motion and limited lateral bending towards the left due to pain. She exhibits no tenderness or bony tenderness. Patellar reflexes were 2+ on the right side and 2+ on the left side. Achilles reflexes were 2+ on the right side and 2+ on the left side. Diagnoses include lumbar radiculopathy and spinal stenosis of the lumbar spine. The Request for Authorization or the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C7-T1 Qty 1: Upheld

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

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

Decision rationale: The requested service is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criterion for ESIs. There was lack of documentation of home exercise regimen, and pain medication management or the outcome measurements for the injured worker. The provider failed to indicate injured worker long-term goals of treatment. Given the above, the request for cervical epidural steroid injection bilaterally at C7 - T1 QTY 1 is not medically necessary.