

Case Number:	CM14-0130172		
Date Assigned:	08/20/2014	Date of Injury:	12/04/2012
Decision Date:	09/29/2014	UR Denial Date:	07/15/2014
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 & Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 48-year-old gentleman was reportedly injured on December 4, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 25, 2014, indicates that there are ongoing complaints of neck pain, low back pain, and left knee pain. The physical examination demonstrated tenderness along the cervical spine with paraspinal muscle guarding. There was also tenderness at both shoulders and a positive cervical spine compression test. There was a normal upper extremity neurological examination. The physical examination of the lumbar spine also noted spinal tenderness and a straight leg raise test at approximately 60. Diagnostic imaging studies of the cervical spine show mild to moderate degenerative discopathy and facet joint arthrosis throughout the cervical spine. An MRI of the lumbar spine show spinal stenosis at L4 - L5 and diffuse degenerative discopathy and facet arthrosis throughout the lumbar spine. Previous treatment includes oral medications. A request had been made for a lumbar epidural steroid injection at L4 - L5, a right-sided cervical spine facet injection from C5 through C7, as well as a left-sided cervical spine facet injection from C5 through C7 and was not certified in the pre-authorization process on July 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural injection L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 46 OF 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the attached medical record there are no findings of a radiculopathy on neither physical examination nor are there any imaging studies indicating neurological impingement. Considering this, the request for lumbar spine epidural steroid injections at L4 - L5 is not medically necessary.

Right cervical facet injection C5-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet Joint Diagnostic Blocks, Updated August 4, 2014.

Decision rationale: A review of the cervical spine MRI does not indicate pathological findings that are any worse from C5 through C7 than any other level of the cervical spine. Therefore it is unclear why there is request for injections at this level. Additionally, there is no documentation that the injured employee has previously participated in physical therapy without any improvement. Without additional justification, this request for a right and left cervical facet injection from C5 through C7 is not medically necessary.

Left cervical facet injection C5-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Joint Diagnostic Blocks, Updated August 4, 2014.

Decision rationale: A review of the cervical spine MRI does not indicate pathological findings that are any worse from C5 through C7 than any other level of the cervical spine. Therefore it is unclear why there is request for injections at this level. Additionally, there is no documentation that the injured employee has previously participated in physical therapy without any improvement. Without additional justification, this request for a right and left cervical facet injection from C5 through C7 is not medically necessary.