

Case Number:	CM14-0132230		
Date Assigned:	08/22/2014	Date of Injury:	11/20/2012
Decision Date:	09/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/18/2014

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, has a subspecialty in 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 59 year old male who reported an injury on 11/20/2012 when he reportedly fell on concrete and landed on his left side. His diagnoses included cervical post-laminectomy syndrome and cervical radiculopathy. Electromyography done on 03/12/2014 showed no evidence of cervical radiculopathy. His past treatment was noted to include 6 visits of acupuncture, multiple neck surgeries, post-operative physical therapy, and pain medications. It was suggested to the injured worker that he try Gabapentin/Neurontin or Lyrica, but he wished to stay off all medications since he had been on heavy narcotics. He had initial X-rays done of the neck and left shoulder at the time of the injury which revealed abnormalities. He stated he may have had an MRI. The 07/30/2014 note indicated the injured worker reported unchanged neck and arm pain that is sharp, burning, achy, pins and needles. Also, it was noted he was experiencing decreased sensation and strength. His pain was 2-3/10, which was also his average level. There was noted decreased sensation to pinwheel over radial side of hand and forearm, his motor strength was 5/5 in upper extremities, but his left grip strength was 5-/5. He had trace reflexes in the left biceps, triceps, and wrist; 1+ in the right wrist; and 2+ in the right biceps and triceps. His medications included Pepcid and a Multivitamin. The treatment plan was for Cervical Epidural Steroid Injection. The rationale for the request was to help with pain and decreased sensation/strength. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: 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 Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: Based on the information submitted for review, the request for Cervical Epidural Steroid Injection is not medically necessary. As stated in the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. The purpose of the injection is to reduce pain and inflammation, restoring range of motion and facilitating progress in more active treatment programs, and avoiding surgery. Additionally, evidence of radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injections are also only considered after conservative treatment, including exercises, physical methods, NSAIDs and muscle relaxants, have failed. Fluoroscopy must be used for guidance. The injured worker was noted to have neck and arm pain. He was also noted to have physical examination findings consistent with radiculopathy in the left upper extremities with decreased sensation over the radial side of hand/forearm, decreased grip strength to 5-/5 and trace reflexes throughout. However, there is a lack of documentation showing significant neurological deficits in the right lower extremity. Additionally, no MRI report was provided for correlation with physical examination findings and electromyography was inconsistent with radiculopathy. There is insufficient documentation showing failure of the recommended conservative treatment. In addition, the request does not provide information as to which level and side is being requested for injection and whether fluoroscopy will be used for guidance. For these reasons, the request for Cervical Epidural Injection is not medically necessary.