

Case Number:	CM14-0138879		
Date Assigned:	09/05/2014	Date of Injury:	03/20/2007
Decision Date:	10/09/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/27/2014

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, 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 64-year-old female who reported an injury on 03/20/2007. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervicalgia, myalgia and myositis. The injured worker has diagnoses of cervicalgia, myalgia and myositis unspecified, cervical radiculopathy, carpal tunnel syndrome bilaterally, and abnormal posture with mild protraction of the neck. Past medical treatment consists of physical therapy, transforaminal epidural steroid injections, home exercise program, and medication therapy. Medications include diclofenac, Zyrtec, Vicodin, Elavil, and Zanaflex. It was documented that on 01/20/2014, the injured worker underwent cervical medial branch blocks under fluoroscopy and sedation at the bilateral C2, bilateral C3, and bilateral C4 vertebrae. On 01/07/2014, the injured worker complained of neck pain. Physical examination revealed that the injured worker had a pain rate of 6/10 without medication and 5/10 with medication. Cervical range of motion was normal on flexion and extension was limited by 30%. Right rotation was limited by 20%, left rotation was limited by 25%, right side bending was limited by 20%, and left side bending was limited by 25%. Spinous process was tender to palpation moderately at C2, C3, and C4. There was moderate spasm and moderate tenderness along the bilateral cervical paraspinal muscles. Facet loading maneuver was moderately positive at the bilateral C2-3 and C3-4 axial neck pain. The medical treatment plan is for the injured worker to undergo TESI at C5-6 and C6-7. The provider feels that in order for the injured worker to obtain optimum outcome, the injured worker will have to undergo additional transforaminal epidural steroid injections at C5-6 and C6-7 bilaterally. The Request for Authorization was submitted on 01/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-C6 Transforaminal Steroid Injection: Upheld

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

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

Decision rationale: The request for Bilateral C5-C6 Transforaminal Steroid Injection is not medically necessary. The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An 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. There was no information on improved function. The criteria for the use of ESIs are as followed: radiculopathy must be documented by physical examination and corroborated by imaging studies, (the injured worker must?) be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injections using transforaminal blocks. The clinical notes submitted for review lacked evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by the physical examination. Furthermore, there was a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods, and medication. The request did specify the use of fluoroscopy for guidance. Additionally, in the submitted documentation, it was noted that the injured worker underwent bilateral C5-6 transforaminal steroid injections on 01/20/2014. The request for additional transforaminal steroid injections is unclear. The provider did not submit a rationale in the report. Given the above, the injured worker is not within the MTUS recommended guidelines for transforaminal epidural steroid injections. As such, the request is not medically necessary.

Bilateral C6-C7 Transforaminal Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epidural Steroid Injection (ESIs)

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

Decision rationale: The request for Bilateral C6-C7 Transforaminal Steroid Injection is not medically necessary. The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An 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. There was no information on improved function. The criteria for the use of ESIs are as followed: radiculopathy must be documented by physical examination and corroborated by imaging studies, (the injured worker must?) be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be

injections using transforaminal blocks. The clinical notes submitted for review lacked evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by the physical examination. Furthermore, there was a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods, and medication. The request did not specify the use of fluoroscopy for guidance. Additionally, in the submitted documentation, it was noted that the injured worker underwent bilateral C6-7 transforaminal steroid injections on 01/20/2014. The request for additional transforaminal steroid injections is unclear. The provider did not submit a rationale in the report. Given the above, the injured worker is not within the MTUS recommended guidelines for transforaminal epidural steroid injections. As such, the request is not medically necessary.