

Case Number:	CM14-0138906		
Date Assigned:	09/05/2014	Date of Injury:	07/15/2010
Decision Date:	10/03/2014	UR Denial Date:	08/15/2014
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 & Rehabilitation 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:

This is a 43-year-old female with a date of injury of 7/15/10. Mechanism of injury was a slip and fall down some stairs. She was noted to have lumbar disc disease and compression fractures at T5 and T7. The patient had initial conservative care, including medications and PT. The patient did have lumbar ESI, with good effect with 70% relief x 5 months. Repeat ESI was done. Most of prior care focused on the thoracic/lumbar spine. On 6/24/14, the report notes that the patient was having neck pain with no radicular symptoms. She does report weakness and clumsiness in the upper extremities. Exam shows tender points, but Spurling was negative. There is reduced sensation. Diagnoses are cervicgia, cervical disc displacement and lumbago. MRI shows a 3 mm disc herniation at C6-7 and 2 mm at C5-6. An ESI at C6-7 was requested. This was submitted to Utilization Review on 7/16/14, and it was not recommended for certification. The report notes that the patient has had prior ESI without benefit, and that there were some inconsistencies in sensation reports. The request was resubmitted to Utilization Review on 8/15/14. This report re-iterates that prior ESI was not established in medical records to have had a significant reduction in pain symptoms and increase in function. ACDF was recommended at some point, for which the patient declined.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6/7 epidural injection-one time: Upheld

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

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

Decision rationale: Guidelines support ESI procedures in patients with a clear clinical picture that is suggestive of the diagnosis of radiculopathy, and corroborated by exam, imaging, and/or electrodiagnostic. The patient must have failed conservative care. In this case, the patient has MRI and electrodiagnostic that support the diagnosis; however, the patient does not have radicular symptoms or exam findings that suggest radiculopathy. Also, this patient has had prior ESI, where there is no documentation of a clinically significant response that would justify repeat injections. Medical necessity is not established for a C6-7 epidural injection.