

Case Number:	CM14-0141098		
Date Assigned:	09/10/2014	Date of Injury:	02/20/2014
Decision Date:	11/04/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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 54-year-old female who reported an injury on 02/20/2014 after lifting a heavy box of spices which caused her thumb to bend backwards. The injured worker's diagnoses included carpal tunnel syndrome, brachial neuritis, and tenosynovitis of the hand. The injured worker underwent an electrodiagnostic study on 03/10/2014. It was documented that there were chronic neuropathic findings suggestive of possible C7 or C6 radiculopathy. The injured worker's treatment history included physical therapy, acupuncture and immobilization. The injured worker underwent an MRI on 05/13/2014. It was documented that the injured worker had a disc bulge at the C3-4 mildly indenting the thecal sac, a disc bulge at the C4-5 mildly indenting the thecal sac, a disc bulge at the C5-6 mildly indenting the thecal sac, and a disc bulge at the C6-7 mildly indenting the thecal sac. The injured worker was evaluated on 06/04/2014. It was documented that the injured worker had persistent pain complaints of the cervical spine that radiated into the bilateral upper extremities. Physical findings included restricted range of motion of the cervical spine with deep tendon reflexes rated 2/4. The injured worker's diagnoses included herniated disc at the C4 through the C6, with bilateral upper extremity radiculitis and tendinitis of the bilateral forearms and wrists. A request was made for a cervical epidural steroid injection at the C4-5, C5-6, and C6-7. However, no justification for the request was provided. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural steroid injections at C4-5, C5-6, C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections (ESI).

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

Decision rationale: The requested cervical epidural steroid injections at the C4-5, C5-6 and C6-7 are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have clinically evident radiculopathy consistent with pathology identified on an imaging study that has failed respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has radicular findings. It is also noted on the imaging study submitted for review that the injured worker has multilevel disc protrusions indenting on the thecal sac. Additionally, it is noted within the documentation that the injured worker has failed to respond to conservative treatment. However, The California Medical Treatment Utilization Schedule limits epidural steroid injections to 1 level for interlaminar approach and 2 levels for transforaminal approaches. The laterality was not specifically identified in the request. The request is for 3 levels. This exceeds guideline recommendations of 1 to 2 levels. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested epidural steroid injections at the C4-5, C5-6, and C6-7 are not medically necessary or appropriate.