

Case Number:	CM14-0164942		
Date Assigned:	10/10/2014	Date of Injury:	08/16/2013
Decision Date:	11/10/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/07/2014

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 Family Practice and is licensed to practice in Mississippi & Texas. 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 29-year-old female who reported an injury on 09/19/2013 due to cumulative trauma. On 09/25/2014, the injured worker presented with complaints of pain to the left shoulder, neck, back, bilateral arms, bilateral wrists, and left leg. On examination of the cervical spine, there was a positive Spurling's test to the right, reduced sensation to the C6, C7, and C8 dermatomes, and reduced range of motion to the right shoulder. Examination of the lumbar spine noted a positive right sided straight leg raise. The diagnoses were displacement of the cervical spine, ruptured and herniation of the cervical disc, cervicgia, chronic C6 to C7 radiculopathy, sciatica, rupture or herniation of the lumbar disc, carpal tunnel syndrome, shoulder impingement and right shoulder sprain/strain. Electrodiagnostic study of the cervical spine revealed no evidence of peripheral neuropathy or cervical radiculopathy. The provider recommended an epidural steroid injection from C6-7 and L4-5. The rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural C6-C7 and high volume epidural L4-L5: 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 Page(s): 46.

Decision rationale: The request for an epidural C6-7 and high volume epidural L4-5 is not medically necessary. According to the California MTUS, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging and/or electrodiagnostic testing. Additionally, the documentation should show the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance and no more than 2 root levels should be injected using transforaminal blocks. The documentation submitted for review did not indicate the injured worker completed initially recommended conservative treatment. An initial diagnostic study noted no cervical radiculopathy. Physical examination findings included a positive right sided straight leg raise to the lumbar spine. There was a lack of documentation of sensation deficits to the lumbar spine. Examination of the cervical spine noted a positive right sided Spurling's and reduced sensation to the C6, C7, and C8 dermatomes. There is a lack of documentation of physical examination findings corroborated with imaging and/or electrodiagnostic testing to correlate radiculopathy findings. Moreover, the request failed to specify the use of fluoroscopy for guidance in the request as submitted. As such, medical necessity has not been established.