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| Case Number: | CM14-0165338 | | |
| Date Assigned: | 10/09/2014 | Date of Injury: | 08/22/1997 |
| Decision Date: | 11/10/2014 | UR Denial Date: | 09/19/2014 |
| Priority: | Standard | Application Received: | 10/06/2014 |

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 Pain Management 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 48 year old male with a date of injury on 8/22/1997. The exact mechanism of the injury was not specified. He was diagnosed with (a) cervical radiculopathy, (b) lumbar radicular pain, (c) low back pain, (d) lumbar spine and facet arthritis, (d) limb pain, (e) cervical pain, (f) status post bilateral radiofrequency ablation of facet joint nerve performed on April 14, 2011 with excellent response and (g) status post lumbar epidural steroid injection with adequate partial response, residual pain reported. In a recent visit note dated 6/25/14, it was indicated that the injured worker complained of persistent cervical pain with radicular component as he reported having left-sided weakness associated with tingling in his hands. On examination of the cervical spine, tenderness with muscle spasm was noted over the paravertebral musculature as well as over the trapezius muscles, right side greater than the left and range of motion was limited in all planes due to pain. The magnetic resonance imaging scan of the cervical spine showed 2-3 millimeter right greater than the left asymmetric disc bulge which mildly flattens the anterior thecal sac without indenting the cord and right uncinat hypertrophy moderately narrowed the right neural foramen. He was to continue with his current medication regimen and was encouraged to maintain level of activity as tolerated. He was recommended to undergo cervical epidural steroid injection. This is a review of the requested cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic)

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

Decision rationale: The medical records received have limited information to support the necessity of the cervical steroid epidural injection. Per the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. There is lack of documentation of failure of conservative treatment including home exercise, physical therapy, and medications. In addition, objective findings of radiculopathy have not been documented in the submitted documents for review. The only findings relative to the cervical spine were tenderness with spasm and limited range of motion in all planes and nothing more has been documented as a definite sign of radiculopathy that can be corroborated with the imaging studies. Additionally, the objective of the requested treatment is unclear whether it is for diagnostic or therapeutic purposes. Furthermore, the level in which the cervical epidural injection will be injected is unclear. With all these reasons, the medical necessity of the requested cervical epidural steroid injection is not established.