

Case Number:	CM14-0170080		
Date Assigned:	10/20/2014	Date of Injury:	04/14/2011
Decision Date:	11/20/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopedic Spine Surgeon and is licensed to practice in 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 35-year-old male, who reported injury on 04/14/2011. The mechanism of injury was not provided. The medications included Tramadol, Prilosec, Flexeril, Xanax, Ketoprofen, gabapentin, and Norflex. The injured worker was noted to undergo epidural steroid injections previously. The injured worker had electrodiagnostic studies of the right upper extremity dated 04/08/2003, per the submitted documentation which documented normal results. The injured worker underwent an MRI of the cervical spine on 02/14/2004, which documented mild right neural foraminal narrowing at C3-4, C4-5, and C5-6 with a loss of cervical lordosis and apparent tapering of the tip of the odontoid process. The injured worker underwent cervical epidurogram on 05/12/2004, 05/26/2004, and 06/09/2004; however, the official results were not provided. The injured worker underwent trigger point injections. The documentation of 10/07/2014 revealed the injured worker had severe neck pain and moderate mid back pain and severe low back pain. The injured worker was recommended to undergo a series of epidural steroid injections. The documentation indicated the physician was trying to get authorization for a lumbar surgery, including a lumbar decompression and possible fusion of L3-4, L4-5, and L5-S1. The injured worker had no exaggerated pain behavior. The diagnoses included cervical spine sprain, strain with herniated nucleus pulposus at C3-4 and C4-5 of 2 mm and at C5-6 there was 3 mm with right radiculopathy. The treatment plan included epidural steroid injections. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural spinal injection at C3-C4, C4-C5, and C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of an objective decrease in pain by 50% or greater as well as documentation of a decrease in medication usage for 6 to 8 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had previously undergone epidural steroid injections. There was a lack of documentation of objective functional improvement and an objective decrease in pain of at least 50% for 6 to 8 weeks along with a decrease in medication use for the same duration of time. Given the above, the request for cervical epidural spinal injection at C3-C4, C4-C5, and C5-C6 is not medically necessary.