

Case Number:	CM14-0171210		
Date Assigned:	10/23/2014	Date of Injury:	07/06/2011
Decision Date:	11/21/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/16/2014

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 and 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 35-year-old male who reported an injury on 07/06/2011. The mechanism of injury was not submitted for this review. Prior treatment history included MRI of the cervical spine, acupuncture sessions, medications. The injured worker had undergone a MRI of the cervical spine on 06/11/2013 that revealed degenerative change of the cervical spine with right sided C3-6 subarticular disc protrusions with ipsilateral neural foraminal narrowing appearing severe on the right at C6-7, slightly worse. The injured worker was evaluated on 10/07/2014 and it was documented the injured worker complained of increased neck pain, headaches, and trapezius pain with migraine headaches since acupuncture treatment was denied. The injured worker stated the pain was more severe in the morning when he wakes up with a headache. The injured worker has had more frequent migraines. The pain was rated at 4/10 on the pain scale. The physical examination of the cervical spine revealed flexion was 50 degrees, lateral bend to the left was 50 degrees that caused right neck pain. The rotation bilaterally was 80 degrees. The lateral bending to the right was 50 degrees. The extension was 40 degrees that was pain free. The upper extremity neurological examination was normal. The treatment plan included a right C7-T1 translaminar epidural injection to reduce discogenic neck pain. The provider noted the injured worker will hold the Mobic 7.5 mg a week before the injection. The injured worker will continue to apply Terocin appointment. Diagnoses included cervical disc intervertebral displacement. The Request for Authorization, dated 10/07/2014, was for C7-T1 translaminar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar epidural at C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG0, Neck & Upper Back Procedure Chapter

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

Decision rationale: The requested is not medically necessary. The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is no information on improved function. The criteria for use for an ESI are: radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The clinical notes lack evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy or neurological deficits such as motor or sensory changes in a dermatomal distribution of the upper extremities documented by the physical examination. There is a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercises, physical methods, and medications. The request did not indicate the use of fluoroscopy for guidance in the request. As such, the request for translaminar epidural at C7-T1 is not medically necessary.