

Case Number:	CM14-0174196		
Date Assigned:	10/28/2014	Date of Injury:	09/12/2012
Decision Date:	12/04/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/22/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 45-year old female who reported an injury on 09/12/2012. The mechanism of injury was not included in the documentation provided for review. Her diagnoses were noted to include cervical spine multilevel disc protrusions, thoracic spine strain and sprain, and right shoulder impingement. Her past treatments were noted to include medications, physical therapy, acupuncture, and pain management. Pertinent diagnostic studies were noted to include a MRI of the cervical spine which noted loss of normal cervical lordotic curvature, with straightening, a 2mm bulge at the C4-5 level, causing mild right neural foraminal narrowing and a 2mm bulge at the C5-6 level causing no significant neural foraminal narrowing or canal stenosis, x-rays and Electrodiagnostic studies. The injured workers surgical history was not included in the documentation submitted for review. On 09/23/2014, the injured worker complained of continuous pain rated 7/10 to her neck, upper back and bilateral shoulders. She complained of radiating pain with numbness and tingling to the bilateral upper extremities. The injured worker stated the pain was relieved with medications to a pain level rated 4/10. Upon physical exam the provider noted +1 tenderness to palpation with spasms over the bilateral paraspinal and upper trapezius muscles. The injured worker's medications were noted to include cyclobenzaprine, hydrocodone and omeprazole. The treatment plan included continuation of medications, pain management and psychology and physical therapy. The rationale and the request for authorization were not included in the documentation 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 steroid injection at C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

Decision rationale: The request for cervical epidural steroid injection at C5-6 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. 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. The guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and or Electrodiagnostic testing and patients should be unresponsive to conservative treatment. The guidelines recommend injections be performed using fluoroscopy (live x-ray) for guidance. The documentation noted the injured worker had radiating pain rated 7/10 with numbness and tingling to her bilateral upper extremities, and the imaging studies showed a 2mm bulge at the C5-6 level , causing no significant neural foraminal narrowing or canal stenosis. However there was lack of documentation providing evidence of findings consistent with significant neurological deficit on physical exam such as decreased sensation, decreased motor strength and supporting evidence of radiculopathy on imaging studies. Additionally the request did not mention fluoroscopic guidance would be used with the epidural steroid injection as recommended by the guidelines. Based on the lack of documentation the request for cervical epidural steroid injection at C5-6 is not supported. As such, the request is not medically necessary.