

Case Number:	CM14-0182714		
Date Assigned:	11/07/2014	Date of Injury:	09/02/2006
Decision Date:	12/18/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational Medicine, 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:

This is a 67 year-old female with a 9/2/06 date of injury. The patient was most recently seen on 10/10/14 with complaints of increased discomfort in her cervical spine, which she rated as 7/10 in severity. Exam findings revealed restricted range of cervical spine motion, primarily in extension, rotation left greater than right, and lateral flexion. There was mild tenderness to palpation of the spinous processes of C5 and C6, but no tenderness over the paraspinous musculature. No orthopedic or neurological examination findings were documented. An MRI was reportedly done on 6/18/08 (report not included in medical records provided), which showed mild to moderate multi-level canal stenosis, and moderate bilateral foraminal stenosis at the C5-C6 level. The patient's diagnoses included: 1) C5-C6 mild to moderate canal stenosis and moderate bilateral foraminal stenosis per MRI of June 18, 2008. 2) Mild canal stenosis at C4-C5. 3) Mild canal stenosis at C3-4 per MRI of June 18, 2008. The medications included: Voltaren gel, omeprazole, tramadol. Significant Diagnostic Tests: MRI Treatment to date: medications, topical NSAID gel an adverse determination was received on 10/31/14 due to inadequate documentation regarding objective findings of cervical radiculopathy that isolated the specific level requested for injection; moreover, there was no documentation of trial and failure of conservative care, such as physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cervical epidural steroid injection, levels not specified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. This patient has been under care for neck pain following an industrial injury 8 years ago. She complained of significant, 7/10 neck pain with radiation to the arms, and had tenderness to palpation over the spinous processes of C5 and C6. The MRI from 2008 supports pathology at the C5-C6 level, showing both central and bilateral foraminal stenosis. However, no neurological examination was provided to demonstrate objective sensory/motor deficits, and no electrodiagnostic studies have been performed that would isolate the radiculopathy to the specific vertebral level proposed for injection. In addition, no documentation was provided to demonstrate the trial and failure of non medication-based conservative treatment, such as physical therapy. Therefore, the request for Left cervical epidural steroid injection, levels not specified is not medically necessary.