

Case Number:	CM14-0184641		
Date Assigned:	11/12/2014	Date of Injury:	02/21/2014
Decision Date:	12/15/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/05/2014

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 and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 46-year-old male who reported an injury on 02/21/2014. The mechanism of injury reportedly was when he was punched in the back of the head while he was working as a special education teacher. His diagnoses were noted to include displacement of cervical intervertebral disc without myelopathy. His past treatments were noted to include physical therapy and medications. An MRI of the cervical spine was performed on 08/02/2014, which was noted to reveal a 1 mm diffuse disc ridge without significant central canal or nerve root canal stenosis at the C5-6 level. On 08/26/2014, the injured worker was noted to have complaints of pain to his neck. Upon physical examination, it was noted that he had paraspinal spasm in the cervical spine and his "reflexes were normal". His medications were not included in the report. The treatment plan was noted to include bilateral cervical epidural injections at level C5-6. A request was received for bilateral epidural injections at C5-6, as physical therapy has not improved his condition. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Epidural Injection at C5-6: Upheld

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

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

Decision rationale: The request for bilateral epidural injection at C5-6 is not medically necessary. According to the California MTUS Guidelines, epidural steroid injections (ESIs) are recommended to treat radicular pain. The guidelines also state that ESIs are to reduce pain and inflammation which in turn can restore range of motion in order to progress in a treatment plan. The criteria for use of ESIs are that radiculopathy must be documented on physical examination and corroborated by imaging studies; unresponsiveness to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants; and injections should be given with the guidance of fluoroscopy. It was noted in the clinical documentation that this injured worker had participated in physical therapy; however, the documentation did not note the failure of NSAIDs and muscle relaxants, nor did the physical examination and MRI suggest radiculopathy. In the absence of documentation noting the failure of NSAIDs and muscle relaxants and the lack of clear findings documenting radiculopathy, the request is not supported by the evidence based guidelines. Additionally, the request does not specify that the injection is to be given with the guidance of fluoroscopy. As such, the request is not medically necessary.