

Case Number:	CM14-0022759		
Date Assigned:	06/11/2014	Date of Injury:	03/30/2007
Decision Date:	07/21/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/24/2014

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 55 year old female who reported an injury on 03/30/2007. The injured worker had complaints of pain and radicular symptoms were unchanged since last visit. The injured worker recently had an interlaminar epidural injection at the C5-C6 level which she stated provided zero relief of her pain or symptoms for any amount of time. Complained of persistent neck and low back pain rated 7-8/10 on the pain scale and worsening right arm pain rated 10/10. Physical examination on 05/05/2014 showed diffuse tenderness of the cervical, thoracic, and lumbar areas as well bilateral trapezius. Decreased range of motion of the cervical spine in all planes, pain with extension. Decreased range of motion of the lumbar spine and with extension. Strength was 4 plus out of 5 in right upper extremity, 5 minus out of 5 in the left upper extremity, 5 minus out of 5 in the lower extremity. Also noted was decreased sensation of the right C5, C6, and C7 dermatomes. Diagnostic studies were mentioned in the report submitted of MRI cervical spine on 11/01/2012 and electromyography study on 10/08/2012, but they were not submitted for review. Current diagnoses for the injured worker were multiple HNPs of the cervical spine, cervical radiculopathy, lumbar sprain/strain, chronic pain syndrome, right shoulder bursitis and impingement, and bilateral carpal tunnel syndrome. The treatment plan for the injured worker was to continue with current medications which were Norco 10/325mg one tablet 4-5 times daily as needed, Flexeril 7.5mg one daily as needed, Pamelor 25mg one daily as needed, Lidopro cream as needed. Also to start Gabapentin 600mg tablet nightly for 3 days, then tablet twice a day for one week, then tablet three times daily for neuropathic pain. The request was for interlaminar epidural injection at the C5-C6 level. Request for authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERLAMINAR EPIDURAL INJECTION , C5-C6: Upheld

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

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

Decision rationale: The request for interlaminar epidural injection at the C5-C6 level is not medically necessary. The document submitted for review is lacking information for conservative care (physical therapy, manual therapy), functional capabilities of the injured worker. California Medical Treatment Utilization Schedule states 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 also state that radiculopathy must be documented and corroborated by imaging studies and/or electrodiagnostic testing which was not submitted in the document for review. The injured worker should be initially unresponsive to conservative care which was not submitted in the document for review. The guidelines also state a second block is not recommended if there is inadequate response to the first block. The injured worker stated she had zero pain relief from the first injection. Therefore, the request is not medically necessary.