

Case Number:	CM14-0023698		
Date Assigned:	06/11/2014	Date of Injury:	03/14/2008
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/25/2014

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, has a subspecialty in Sports Medicine 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 57 year old female who reported neck injury on 03/14/2008 of unknown mechanism. She complained of increased neck pain with numbness in neck and right upper extremity. Physical examination showed cervical spine tenderness over the occipital nerves bilaterally, limited range of motion in all directions, secondary to pain and tenderness over facet joints C3 to C7 bilaterally. There was a positive provocation test with trigger points over the cervical paravertebral muscles. The upper extremity reflexes were present and symmetrical bilaterally. She had a MRI(magnetic resonance imaging) 07/05/2011 that showed a thyroid cyst, 2mm disc bulge at C3-4, resulting in pressure over the C4 exiting nerve root, 3.2 mm bulge at C4-5, causing encroachment of the C5 transiting nerve root, 3.6 mm bulging at C5-6, causing encroachment over the C5 transiting nerve root and pressure over the C6 exiting nerve roots bilaterally, 2.0 to 2.2 mm bulging at C6-7, and 2.0 mm bulging at C7-T1. She has diagnoses of thoracic disc disease and degenerative arthritis of the thoracic spine at the levels of the discs and facet joints, myofascial pain syndrome and spasms. The injured worker had past treatments of 12-24 physical therapy visits in which there was documentation stating she did not want to continue the physical therapy only the massages, oral pain medication in which there is documentation stating it gives some relief to an extent. Her medications are percocet, soma, cymbalta, a tramadol/baclofen rub and a ketoprofen/gabapentin/lidocaine rub. The treatment plan is to continue current medications and a request for cervical epidural injection. The request for authorization form was signed and dated 10/18/2013. There is no rationale for the request for cervical epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL INJECTION: 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 the cervical epidural injection is not medically necessary. California MTUS recommends epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution) with corroborative findings of radiculopathy. 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 must be documentation of radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and documentation of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). It also states that injections should be performed using fluoroscopy (live x-ray) for guidance. The provided documentation does not demonstrate the above mentioned and there is little documentation of the response to conservative care and furthermore the request does not give the injection site. Therefore the request for the cervical epidural injection is not medically necessary.