

Case Number:	CM14-0026392		
Date Assigned:	06/16/2014	Date of Injury:	11/01/2011
Decision Date:	08/12/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	03/03/2014

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 Texas and Oklahoma, has a subspecialty in Physical Medicine & Rehabilitation and is licensed to practice in Pain Medicine. 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 59-year-old female with a reported date of injury on 11/01/2011. The mechanism of injury was reported as a trip and fall. Upon physical examination, the injured worker's cervical spine presented with the head and neck well centered, without evidence of torticollis or other deformity. In addition, there was some tenderness to the midline of the cervical spine observed. The cervical spine MRI dated 05/11/2012 revealed degenerative disc disease with facet arthropathy with C3-4 moderate right neuroforaminal narrowing noted. The nerve conduction studies dated 3/22/2013 revealed the presence of carpal tunnel syndrome, right greater than left. No other abnormalities were detected. Specifically, there was no clear evidence of the cervical radiculopathy. In addition, the clinical documentation indicated the injured worker underwent a cervical spine ESI dated 12/2013. The injured worker indicated that the ESI did help with the cervical symptoms. According to the documentation provided for review, the injured worker previously participated in physical therapy; the results of which were not provided within the documentation available for review. The injured worker's diagnoses included bilateral carpal tunnel syndrome and status post bilateral knee arthroscopic surgery. The injured worker's medication regimen included tramadol, naproxen sodium, cyclobenzaprine and pantoprazole. They request for authorization for cervical epidural steroid injection, C3-4 was submitted on 02/03/2014. The physician recommended conservative treatment and epidural steroids for her cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION C3-4: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections for treatment of radicular pain. The criteria for the use of epidural steroid injections includes: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed under fluoroscopy (live x-ray) per guidance. In the therapeutic phase, epidural steroid injections should be based on a continuative objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication used for 6-8 weeks, with a general recommendation of no more than 4 blocks per year. The nerve conduction studies dated 03/22/2013 indicated that there was no clear evidence of a cervical radiculopathy. The MRI of the cervical spine dated 05/11/2012 revealed degenerative disc disease with facet arthropathy with C3-4 moderate right neuroforaminal narrowing noted. In addition, according to the documentation provided for review, the injured worker underwent a previous cervical spine ESI dated 12/2013. The injured worker stated that the ESI was helpful. There was a lack of documentation related to the objective documentation of objective documented pain and functional improvement, including at least a 50% pain relief with associated reduction of medication use for 6-8 weeks. In addition, there was a lack of documentation related to radiculopathy on physical examination being corroborated by imaging or electrodiagnostic testing. There's a lack of documentation related to previous physical therapy and muscle relaxants. In addition, the request as submitted failed to provide for the use of fluoroscopy (live x-ray) for guidance. Therefore, the request for cervical epidural steroid injection C3-4 is not medically necessary.