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| Case Number: | CM14-0026695 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 07/14/2011 |
| Decision Date: | 07/31/2014 | UR Denial Date: | 02/06/2014 |
| 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 Physical Medicine and 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 62 year old male who reported an injury on 07/14/2011, the mechanism of injury was not provided. On 05/21/2014 the injured worker presented with cervical pain with right upper extremity symptoms and left wrist and hand pain. Upon exam of the cervical spine there was tenderness, limited range of motion, and the examination of the left wrist and hand was unchanged. The diagnoses were cervical spondylosis, cervical radiculopathy, and left carpal tunnel syndrome. The MRI dated 03/11/2012 demonstrated neural encroachment from C5 to C6. Prior therapy included TENS therapy, physical therapy, and medications. The provider recommended an outpatient cervical epidural steroid injection at C3 to C7 levels. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CERVICAL EPIDURAL STEROID INJECTIONS (ESI) AT LEVELS C3-C7.: 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 Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines recommend ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehabilitation efforts, including continuing a home exercise program. There is no information on improved function. The criteria for use of an ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injection should be used performing fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The clinical notes lack evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There is documentation of tenderness over the cervical spine and limited range of motion; however, there was lack of positive provocative testing such as a Spurling's test that would indicate radiculopathy in the cervical area. There is also a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercises, physical methods, and medications. The request did not indicate the use of fluoroscopy for guidance in the request and the provider's request for the epidural steroid injections at the C3 to C7 levels exceeds the MTUS Chronic Pain Guidelines' recommendations of no more than 2 root levels injected at one time. As such, the request is not medically necessary and appropriate.