

Case Number:	CM14-0027206		
Date Assigned:	06/13/2014	Date of Injury:	01/09/2013
Decision Date:	08/12/2014	UR Denial Date:	02/24/2014
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 & 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 65-year-old female who reported an injury on 01/09/2013, due to tripping on some stairs. The injured worker struck her head, left/right hand, and right knee. The injured worker had complaints of neck pain that radiated to the left frontal temporal area of the head. The diagnoses for the injured worker were cervical radiculopathy at C5-6 and C7-8 distribution. Physical examination on 02/04/2014 revealed some limitation in the range of motion of the cervical spine, no neurological deficits noted. Medications for the injured worker were Topamax 25 mg, 1 twice a day; Relpax 20 mg as needed for headache; Tylenol 3 as needed for headache. It was reported that the injured worker also had an MRI of the cervical spine and EMG (Electromyography) study that were not reported or submitted. Treatment plan for the injured worker was to continue with medications as prescribed and epidural steroid injections of the cervical spine. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection (ESI) and consultation for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Ed (2004), page 127.

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

Decision rationale: The California Medical Treatment Utilization Schedule states epidural steroid injections are recommended 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 is little information on improved function. The purpose of ESI is to reduce pain and inflammation, restoring range of motion, and thereby facilitating progress in more active treatment programs, and avoiding surgery; but this treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections are radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). There was no documentation showing the failure of an adequate course of NSAIDs, muscle relaxants, physical therapy, or a home exercise program. It was noted that the EMG (Electromyography) showed evidence of possible C7-8 radiculopathy and MRI showed bilateral C2-3, C5-6 and left C6-7 foraminal narrowing. However, there were no physical findings of radiculopathy noted and no complaints from the injured worker of radicular pain. Therefore, the request Epidural Steroid Injection (ESI) and consultation for cervical spine is not medically necessary and appropriate.