

Case Number:	CM14-0028402		
Date Assigned:	06/16/2014	Date of Injury:	06/04/2003
Decision Date:	07/16/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/06/2014

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 Texas and New York. 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 46-year-old male with a reported injury on 06/04/2003. The mechanism of injury was not provided within clinical documentation. The clinical note dated 04/28/2014 reported that the injured worker complained of neck pain that radiates down to the bilateral upper extremities, left greater than right. The injured worker also complained of low back pain that radiated down the bilateral lower extremities. The physical examination revealed spinal vertebral tenderness to the C5-7 region. The range of motion of the cervical spine was moderate to severely limited due to pain. Examination of the lumbar spine revealed tenderness per palpation in the spinal vertebral area of L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. An open MRI of the cervical spine dated 10/14/2010 revealed C3-4 disc with a 2 mm posterior disc protrusion, C4-5 disc levels showed a 2 to 3 mm posterior disc protrusion; the C5-6 disc level showed a 2 mm central disc protrusion; and C6-7 showed a 4 mm disc protrusion. The injured worker's medication list included Lidoderm 5% patch, aspirin enteric coated 81 mg, glucosamine complex, nexium, Norco, and synvastatin. The injured worker's diagnoses included cervical radiculitis, cervical sprain/strain, failed back surgery syndrome, lumbar; lumbar radiculopathy; left ankle pain; gastritis; chronic pain, other; annular tear, C6-7; history of adverse effect of epidural headache. The provider requested cervical epidural injections to avoid surgical intervention, and pain management consultation; the rationale was not provided within clinical records. The request date for authorization was not submitted within the clinical documentation. The injured worker's previous treatments include EMG/nerve conduction studies, on 02/09/2011; spinal cord stimulator; TENS unit; and physical therapy. The date and amount of physical therapy sessions was not provided within the clinical documentation. It was reported that the injured worker has utilized the TENS unit for over 5 years.

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.

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

Decision rationale: The request for a cervical epidural injection is non-certified. The injured worker complained of neck and low back pain that radiated to the upper and lower extremities. The treating physician's rationale for the cervical epidural injection is to avoid surgery. The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. 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 using fluoroscopy (live x-ray) for guidance. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. It is noted that the provider stated the injured worker's pain was unresolved with physical therapy and other conservative measures; however, there is a lack of clinical documentation indicating physical therapy notes along with date, the amount of sessions, and overall outcome. Furthermore, the requesting provider did not specify the amount or location for the cervical epidural injections. Moreover, the requesting provider did not specify the utilization of fluoroscopy of the epidural steroid injections (ESI) being requested. As such, the request is non-certified.

PAIN MANAGEMENT CONSULTATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for pain management consultation is non-certified. The injured worker complained of neck, low back pain that radiated to his upper and lower extremities. The requesting physician did not indicate the rationale for pain management consultation. The CA MTUS guidelines state the consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. There was a lack of information provided documenting the efficacy of the prescribed medication as evidenced by decreased pain and significant objective functional improvements. Furthermore, there is a lack of clinical documentation of the injured worker's pain being unresolved with prescribed medication. In addition, the requesting provider

did not indicate the rationale for the pain management consultation. Therefore, the request is non-certified.