

Case Number:	CM14-0029450		
Date Assigned:	06/20/2014	Date of Injury:	02/09/2001
Decision Date:	08/12/2014	UR Denial Date:	02/19/2014
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 California. 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 55-year-old female who reported an injury on 02/09/2001. The mechanism of injury was not provided for clinical review. The diagnoses include cervical radiculopathy, cervicgia, intractable pain, long term use of opioids, spasms of the muscles, sickle cell trait, hypertension, PTSD for domestic violence, status post right TKR, ACL repair right knee, ankle fusion right times 3, cervical epidural steroid injections on 06/13/2013. The mechanism of injury was an assault at work. Previous treatments include epidural steroid injections, medication. Within the clinical note dated 05/28/2014, it was reported the injured worker complained of increased pain and increased flare-ups. Upon the physical examination, the provider noted the injured worker had spasms and trigger points on the left and right occipital and trapezius. Upon examination of the cervical spine, it showed improved range of motion since the last epidural. The range of motion was extension at 15 degrees and flexion at 40 degrees. The provider noted the injured worker had increased pain and stiffness with rotation of neck to the right. The provider indicated the injured worker had decreased sensation to pinprick along the left lateral arm. The provider requested for a repeat epidural steroid injection since the patient had 50% pain relief when she last had an epidural in January. The request for authorization was submitted and dated 05/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI: Upheld

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

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

Decision rationale: The request for cervical ESI is not medically necessary. The injured worker complained of increased pain and increased flare-ups. The California MTUS Guidelines recommend injections as an option for treatment of radicular pain, which is defined as pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment, exercise, physical methods, and NSAIDS and muscle relaxants. The guidelines recommend if an epidural steroid injection is used for diagnostic purposes, a maximum of 2 injections should be performed, a second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks. There not enough significant objective findings documented by the provider indicating the injured worker had signs and symptoms of radiculopathy. The documentation indicated the injured worker was unresponsive to conservative treatment. The provider indicated the injured worker had 50% pain relief with a previous epidural steroid injection; however, the request submitted fails to provide which level the provider is requesting the epidural injection. The request submitted did not provide the number of injections to be administered. Therefore, the request is not medically necessary.