

Case Number:	CM14-0029851		
Date Assigned:	06/20/2014	Date of Injury:	03/01/1999
Decision Date:	11/26/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 60 year old female presenting with chronic pain following a work related injury in 1999. The claimant has a history of C5-6 fusion. The claimant reported neck pain that radiated to the right parascapular region and pain down the right arm to the forearm. The claimant is status post bilateral knee surgeries, bilateral hand surgeries and back surgery. MRI of the cervical spine showed C6-7 left posterior disc herniation indenting the left ventrolateral cord without leading into myelomalacia contributing with ligamentum flavum buckling and superimposed congenitally short pedicles leading to mid-moderate left paracentral canal stenosis, T2-T3 with disc extending to the right and facet hypertrophy with left foramen open, multilevel spondylotic changes throughout the cervical spine; minor multilevel listhesis on the basis of facet and ligamentous laxity. The physical exam showed tenderness at the midline from C5-T3 and over the right paravertebral muscles from C5-T5, the right levator scapulae muscle and the right parascapular muscles with range of motion. The claimant was diagnosed with herniated thoracic disc, herniated cervical disc and cervical spondylosis. A claim was placed for thoracic/cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT THORACIC/CERVICAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: Outpatient thoracic/cervical epidural steroid injection is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The physical exam is not consistent with cervical/thoracic radiculitis including a positive spurling's test or weakness or evidence of neurological deficit in the nerve distribution to be treated; therefore the requested service is not medically necessary.