

Case Number:	CM14-0030638		
Date Assigned:	06/20/2014	Date of Injury:	07/12/2000
Decision Date:	07/18/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/11/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 female who sustained an injury to her low back on 07/12/00 after a slip and fall. MRI of the cervical spine revealed straightening of the normal cervical lordosis with degenerative change of the cervical spine; C3-4 had intervertebral disc bulge; C4-5, intervertebral disc bulge with moderate left and mild right neural foraminal narrowing; C5-6, intervertebral disc bulge with severe left and moderate right neural foraminal narrowing; C7-T1 intervertebral disc bulge with mild left neural foraminal narrowing. Treatment to date included physical therapy, activity modifications, and medications. The injured worker was status post lumbar fusion at L4-5 with spinal cord stimulator placement and removal in 2003. The injured worker continued to complain of neck, low back, and bilateral arm pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforamininal Epidural Steroid Injection at the Bilateral C5-C6 under Fluoroscopic Guidance between 2/7/2014 and 3/24/2014.: 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 (ESIs) Page(s): 46.

Decision rationale: The previous request was denied on the basis that there was no motor or sensory deficit documented that would provide clinical evidence of cervical radiculopathy or objective evidence to warrant bilateral epidural steroid injection at this juncture. Results of the previous epidural steroid injection at the requested level was not provided for review. The Chronic Pain Medical Treatment Guidelines state that 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 six to eight weeks. Given the absence of documentation of an active radiculopathy at C5-6 and the lack of documentation from previous injection, the request for one transforamininal epidural steroid injection at the bilateral C5-C6 under fluoroscopic guidance is not indicated as medically necessary.