

Case Number:	CM14-0033326		
Date Assigned:	06/20/2014	Date of Injury:	10/01/2003
Decision Date:	07/31/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/17/2014

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 Orthopedic Surgery and is licensed to practice in Texas and Colorado. 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 69-year-old male with a reported injury on 10/01/2003. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/15/2014 reported that the injured worker complained of axial neck pain. The physical examination was negative for any significant abnormalities. The sensory examination revealed normal sensation at C4, diminished bilaterally from C5 down; however, disproportionately evident to right C6 and right C7 sensory distribution of fairly obvious deficits. The injured worker's diagnoses included bilateral rotator cuff surgery, urethra cyst removed, fatty tumor in the thigh, probably a lipoma, and nasal polyp resection. The injured worker's prescribed medication list included Celebrex, Tamsulosin, Omeprazole, and Pravastatin. The provider requested injection foramen epidural add on. The Request for Authorization was submitted on 03/11/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection foramen epidural add-on: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), facets.

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

Decision rationale: 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. Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two 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 one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. Clinical documentation indicating physical examination findings of radiculopathy with corroborated evidence on imaging was not provided; in fact, it is noted that the injured worker had no radiular symptoms. There was a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercises, and/or oral medication therapy. Moreover, the requesting provider did not specify the location, amount, or rationale for the epidural steroid injection. As such, the request is not medically necessary.