

Case Number:	CM14-0034195		
Date Assigned:	06/20/2014	Date of Injury:	10/01/2003
Decision Date:	07/22/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/19/2014

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 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 61 year old female who reported an injury on 04/01/1997 due to continuous trauma. The injured worker complained of neck pain with bilateral arm pain with numbness and tingling. The injured worker also complained of bilateral lower extremity pain. On physical examination the injured worker had tenderness to palpation bilateral cervical paraspinals and tenderness over left sciatic notch. Examination also revealed left handed numbness C6-C8 dermatomal distribution and left L5 hypersensitivity. Cervical range of motion showed a flexion of 20 degrees, extension of 20 degrees, left lateral bend of 5 degrees, right lateral bend of 5 degrees, left rotation of 25 degrees and right rotation of 30 degrees. Extension and left lateral bend were limited with pain. Lumbar range of motion showed flexion of 50 degrees with pain, extension of 20 degrees, left lateral bend of 20 degrees and a right lateral bend of 20 degrees. The documentation reports the injured worker has been treated with spinal cord stimulator, aquatic therapy, physical therapy and medications. The injured worker has diagnoses of chronic pain, complex regional pain syndrome, brachial neuritis, cervicgia, reflex sympathetic dystrophy of the upper limb and carpal tunnel. Medications include Mobic, Baclofen, Baby Aspirin, Vitamins, Levothyroxine and HCTZ diuretic. The treatment plan is for Medial Branch Block with fluoroscopic guidance at left C3, C4, C5 and Transforaminal Epidural Injection with fluoroscopic guidance at right L4-5, L5-S1. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Injection with fluroscopic guidance at right L 4-5, L5-S1:
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 injections (ESIs)(Transforaminal Epidural Injection) Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines state that for Transforaminal Epidural Injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. They must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The MTUS Chronic pain Guidelines also state epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The submitted report lacked evidence of an MRI done on the injured worker's cervical spine. The MTUS Chronic Pain Guidelines stipulate that there must be radiculopathy documented by physical examination and corroborated by MRI. The MTUS Chronic Pain Guidelines also state that the injured worker must be initially unresponsive to conservative care. Reports show that the injured worker has had physical therapy and medication treatment in the past but it is not documented if the injured worker was unresponsive to such treatment. There was also no evidence of any home exercise program that had been ineffective. As such, the request is not medically necessary and appropriate.