

Case Number:	CM14-0034237		
Date Assigned:	06/20/2014	Date of Injury:	03/31/2000
Decision Date:	07/18/2014	UR Denial Date:	02/11/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 52-year-old who reported an injury on March 31, 2000. The mechanism of injury was repetitive motion. She was diagnosed with brachial neuritis. Her prior treatments have included cervical epidural steroid injections, physical therapy, modified duty, acupuncture, muscle relaxants, pain medication, and NSAIDs (non-steroidal anti-inflammatory drugs). An MRI was performed of the cervical spine on October 15, 2008, and revealed evidence of a small focal left paracentral disc protrusion at C5-6 with narrowing of the left neural foramen. On January 3, 2014, the injured worker presented with neck pain with radiation into the right arm. Her physical examination was noted to reveal normal sensation in the bilateral upper extremities, normal deep tendon reflexes in the bilateral upper extremities, and decreased range of motion to 4/5 in all planes of the right upper extremity. A recommendation was made for a cervical epidural steroid injection. The documentation did not include a specific rationale for the requested treatment. A Request for Authorization form was submitted for an epidural steroid injection on January 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: 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 (ESIs), page 46 Page(s): 46.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections may be supported to promote increased function and facilitate participation in an active therapeutic recommend program when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, the guidelines indicate that the injured worker should have been initially unresponsive to conservative treatment including physical therapy, NSAIDs (non-steroidal anti-inflammatory drugs), and muscle relaxants. The clinical information submitted for review indicates that the injured worker has been treated with physical therapy, NSAIDs, and muscle relaxants. However, the documentation did not indicate that the injured worker would be participating in an active therapeutic exercise program following the recommended injection. In addition, the injured worker's physical examination revealed diffuse muscle weakness in the right upper extremity and the injured worker's symptoms were noted to include radiating pain into the right arm. However, the MRI provided with the submitted medical records indicated that there was left neural foraminal narrowing at the C5-6 level. However, there was no documentation showing evidence of neural foraminal narrowing to the right. Therefore, in the absence of documentation showing radiculopathy on physical examination and corroboration with imaging studies and/or electrodiagnostic testing, an epidural steroid injection is not supported. Furthermore, as the request failed to indicate the level and side being requested for injection, the request is not supported. The request for a cervical epidural steroid injection is not medically necessary or appropriate.