

Case Number:	CM14-0043262		
Date Assigned:	07/02/2014	Date of Injury:	09/18/1979
Decision Date:	08/27/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/10/2014

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 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 64-year-old male who reported an accident on 09/18/1979, due to unknown mechanisms. The injured worker's diagnoses were possible cervical radiculopathy versus worsening median neuropathy in individual with multilevel cervical degenerative changes and history of carpal tunnel syndrome release bilaterally. The injured worker's prior treatment for the work related injury was not provided. The injured worker's prior diagnostics included magnetic resonance imaging (MRI) of the cervical spine dated 12/07/2007 which revealed moderate spinal canal stenosis at C3-C6, moderate bilateral neuroforaminal stenosis at C3-C6 and moderate stenosis at C7-T1 with mild degenerative subluxation. There was no pertinent surgical history submitted with documentation. The injured worker complained of neck pain no visual analog scale score provided. On physical examination dated 12/17/2013, it revealed the injured worker had a positive Phalen's test of the right wrist and a positive Tinel's over the median nerve of the wrist on the right. The injured worker's medications were ibuprofen; Skelaxin; and Lidoderm patch; with Flomax, Toprol, and Prevacid. The provider's treatment plan was for a cervical MRI due to change in symptoms, and electrodiagnostic testing may be considered. The requested treatment plan is for right C5-6 transforaminal epidural steroid injection, and fluoroscopic guidance with sedation. The rationale for the request was not submitted with documentation. The request for authorization form was not provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C5-6 transforaminal Epidural Steroid Injection (ESI), fluoro guidance, sedation:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines for epidural steroid injections (ESIs), therapeutic; http://www.odg-twc.com/odgtwc/low_back.htm; <http://www.odg-twc.com/odgtwc/pain.htm>.

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

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) Guidelines, they recommend epidural steroid injections for injured workers with radiculopathy documented on physical exam and corroborated on magnetic resonance imaging (MRI). The guidelines also recommend that the injured worker be initially unresponsive to conservative care. There is a lack of documentation of radiculopathy on the most recent physical examination. There was no evidence of neurological deficits related to radiculopathy. In addition, there was no documentation of conservative care directed towards the cervical spine. There was no mention of physical therapy management. The request submitted is not supported by guidelines. As such, the request for right C5-6 transforaminal epidural steroid injection with fluoroscopic guidance with sedation is not medically necessary.