MAXIMUS Federal Services

Case Number:	CM14-0044002		
Date Assigned:	06/20/2014	Date of Injury:	11/04/2010
Decision Date:	07/18/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/18/2014

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 Management 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 65-year-old female who reported an injury on 11/04/2010. The mechanism of injury was a motor vehicle accident. Her diagnoses include spinal stenosis, radiculopathy, and anterolisthesis. Her previous treatments were noted to include work restrictions, pain medications, physical therapy, psychotherapy, and antidepressants. On 12/19/2013, the injured worker was seen with symptoms including neck pain with radiating symptoms down her arms. Her physical examination revealed diffuse weakness in the upper extremity to 4/5, particularly in a C7 distribution, an absent deep tendon reflex in the triceps and an equivocal Hawkin's test. An MRI of the cervical spine was performed on 02/10/2014, and was noted to reveal bilateral facet arthropathy at the C4-5 level with mild right neural foraminal narrowing and no significant left neural foraminal narrowing. The MRI also revealed a 2 mm broad based central disc osteophyte complex at the C5-6 level with bilateral mild neural foraminal narrowing. On 02/13/2014, the injured worker presented with neck pain with radiation to the shoulder and tingling into her hands. Her recent MRI was reviewed, and it was noted that she had a previous epidural steroid injection at C6-7 which provided no relief. The treating provider recommended and epidural injection at the C4-5 level in order to evaluate whether this was the main cause of her pain. He indicated that if that was revealed, a surgical consultation may be an option. A request for authorization form for an epidural steroid injection at bilateral C4-5 was submitted on 02/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injections at Bilateral C4-5: 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(s): 46..

Decision rationale: According to the California MTUS Guidelines recommend, an epidural steroid injection may be supported to promote participation in a therapeutic exercise program when there is evidence of radiculopathy on physical examination and corroboration by imaging studies or electrodiagnostic testing. In addition, the guidelines indicate that the injured worker should have been initially unresponsive to conservative treatment including exercise, physical therapy, muscle relaxants, and NSAIDs. The clinical information submitted for review that the injured worker had previously been treated with physical therapy and pain medications. However, documentation failed to indicate whether she was involved in a home exercise or had failed in adequate trials of NSAID or muscle relaxant medications. In addition, the clinical information failed to indicate whether the injured worker would be participating in a therapeutic exercise program following the requested epidural steroid injection. Moreover, an updated physical examination was not included in her 02/13/2014 clinical note in order to establish radiculopathy on examination in a C4-5 distribution. Her 12/19/2013 office visit indicated that she had muscle weakness in a C7 distribution. However, there were not specific findings consistent with a C4-5 radiculopathy at that time. Moreover, the injured worker's recent MRI indicated that there was mild right neural foraminal stenosis. However, there was no evidence of left neural foraminal narrowing. Therefore, in the absence of clear evidence of radiculopathy on physical examination and corroboration with imaging studies and/or electrodiagnostic testing, and as the injured worker was not noted to be participating in a therapeutic exercise program to be continued following the requested injection, and in the absence of evidence that the injured worker had failed an adequate of initially recommended conservative treatment, the request is not supported. As such, the request for an epidural steroid injection at bilateral C4-5 is not medically necessary.