

Case Number:	CM14-0044914		
Date Assigned:	07/02/2014	Date of Injury:	12/31/2007
Decision Date:	08/21/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/11/2014

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 60-year-old male who reported an injury on 12/31/2007. The mechanism of injury was noted to be repetitive motion. The injured worker's diagnoses include status post posterior cervical laminectomy, and decompression from C3 to C7, and herniated cervical disc disorder. The previous treatments were noted to include medications, spinal surgery, physical therapy, and lumbar epidural steroid injections. On 01/06/014, the injured worker was noted to complain of neck pain, mid back pain, and low back pain with radiation into the right leg. He rated his pain at 8/10 to 9/10 without medications and 6/10 to 7/10 with medications. A MRI was noted to have been performed of the cervical spine on 02/07/2013, and revealed postoperative changes from the injured worker's laminectomy from C3 to C6. It was also noted that there was a persistent central disc herniation with impression on the spinal cord at the C3-4 level, as well as stenosis which may be contributing to his symptoms. His physical examination revealed decreased range of motion of the cervical spine. The injured worker's medications were noted to include Celebrex, Ultram, Ambien, Motrin, and Norco. The treatment plan included a cervical epidural injection and medication refills. A specific rationale for the cervical epidural injection was not provided within the most recent clinical note. The request for authorization form was also not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection with Flourosocopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Epidural Steroids Page(s): 46.

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, epidural steroid injections may be supported to facilitate progression in a therapeutic exercise program when radiculopathy is documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, the documentation should show that the injured worker was initially unresponsive to conservative treatment including physical therapy, home exercise, NSAIDs, and muscle relaxants. The clinical information submitted for review indicates that the injured worker is currently using NSAIDs and muscle relaxants. In addition, he was noted to have previously participated in physical therapy. Further, he was noted to have significant pathology at the C3-4 level on MRI as well as herniations at the C4-5, C5-6, C6-7, and C7 -T1 levels. However, the MRI report was not provided for review and the documentation did not indicate whether there was neural foraminal narrowing or nerve root impingement at the herniated levels. Further, the most recent physical examination failed to show any evidence of neurological deficits suggestive of radiculopathy and the request failed to indicate the level and side being requested for injection. In the absence of clear documentation of radiculopathy on physical examination and corroboration by diagnostic testing, and as the request failed to indicate where the injection is to be performed, the request is not supported. As such, the request is not medically necessary.