

Case Number:	CM14-0047052		
Date Assigned:	07/02/2014	Date of Injury:	08/06/2007
Decision Date:	08/25/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/15/2014

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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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 47-year-old male with a reported injury on 08/06/2007. The mechanism of injury occurred while the injured worker was standing on a ladder and moving a heavy box, and in trying to prevent the box from falling, he held it in place for a period of time causing significant pain to his left shoulder and neck. The injured worker's diagnoses included status post 3 level cervical fusion, C3 to C6, pseudarthrosis at C3-4 and C5-6, and cervical myelomalacia. The injured worker has had previous lumbar epidural steroid injections, which did show improvement. He did have a home exercise program and he has had a cervical block that gave him 2 to 3 months of pain relief. The injured worker has had a fusion of the C3 through C6 levels. The injured worker had an MRI on 12/12/2013 that revealed myelomalacia in the mid cervical spine, right-sided disc protrusion and moderate disc degeneration C6-7 with moderate foraminal stenosis and mild central stenosis. The injured worker had an examination on 02/14/2014 with complaints of problems with his neck. He was advised that the fusion of the C3-4 may not be successful secondary to the fact that he has the pseudarthrosis. Upon examination, he had tenderness at the C3-4 and the C4-5 paraspinal bilaterally, he had limited range of motion of the neck with flexion and extension secondary to his pain. The injured worker had weakness to the left upper extremity with 4/5 strength, he was weaker in the left shoulder as compared to the right, he had 4/5 strength to the left wrist extensors and his strength was 5/5 on the right. The injured worker had a positive Spurling's test on the left. The list of medications was not provided nor the efficacy. The recommended plan of treatment was to have epidural injections. The rationale was not provided and the request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection left L3-C4 and C5-C6 QTY: 2: Upheld

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

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

Decision rationale: The request for Epidural injection left L3-C4 and C5-C6 QTY: 2 is non-certified. The injured worker has had a fusion of the C3 through the C6 and still complains of neck pain. Previous appointments stated that the screws at C3 and C4 may be causing his symptoms. The California MTUS Guidelines recommend for the criteria for the use of epidural steroid injections for radiculopathy to be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker had an MRI on 12/12/2013 that revealed myelomalacia in the mid cervical spine, right-sided disc protrusion and moderate disc degeneration C6-7 with moderate foraminal stenosis and mild central stenosis. The Guidelines also recommend that the injured worker has to be initially unresponsive to conservative treatment like exercises, physical methods, NSAIDs, and muscle relaxants. The injured worker had decreased strength in the upper extremities and a positive bilateral Spurling's; however, there is a lack of documentation indicating the injured worker has significant decreased sensation or decreased reflexes. The epidural steroid injections also should be performed using a fluoroscopy for guidance. There was not a recommendation for the fluoroscopy. Additionally, the request is for an epidural steroid injection at L3-C4 and C5-C6 which is not congruent with the guideline recommendations. Therefore, the request for Epidural Injection left L3-C4 and C5-C6 QTY: 2 are not medically necessary.