

Case Number:	CM14-0050531		
Date Assigned:	07/07/2014	Date of Injury:	10/10/2013
Decision Date:	08/27/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/18/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 59 year old female who was injured on 10/10/2013. She has continued to experience pain in her neck, right shoulder and lower back. She walks with cane, and limps; although her range of motion at the neck, right shoulder and lower back are within normal range, these cause a lot of pain. She has positive Neer and Hawkings test in the right shoulder. She is tender at the right Acromioclavicular joint, and the areas around her spine in the neck and the lower back. She is also tender at the sacroiliac area. She is unable to toe walk due to pain. The Cervical MRI of 11/29/2013 revealed multilevel disc herniations with stenosis of spinal canal from the C3-C4 to the C6-C7 disc; while Lumbar MRI done on 11/30/2013 revealed Multilevel disc herniation with stenosis of the spinal canal, and facet hypertrophy with foraminal stenosis in the L2-3 disc to the L5-S1 disc. In addition, there was an encroachment of the left L5 nerve root. She been diagnosed of Chronic pain syndrome, Brachial Neuritis or radiculitis; Neuralgia neuritis and radiculitis unspecified. She is being treated with Diclofenac, Omeprazole and Tramadol. She responded well to steroid injection of the right shoulder, but her doctor's request for Translaminar epidural injections C7-T1 X 2; and Translaminar Epidural Injections L4-L5 OR L5-S1 X 2 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSLAMINAR EPIDURAL INJECTIONS C7-T1 X 2: Upheld

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

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

Decision rationale: The MTUS recommends epidural steroid injections in chronic pain disorders if the clinically documented radiculopathy is confirmed with either imaging studies and/or nerve studies. Furthermore, the MTUS stated there is insufficient evidence for use of epidural steroid injection to treat radicular cervical pain. Finally, although the Lumbar MRI confirmed presence of nerve encroachment, the MRI of the cervical spine did not document the presence of radiculopathy or nerve encroachment.

TRANSLAMINAR EPIDURAL INJECTIONS L4-L5 OR L5-S1 X 2: Upheld

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

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

Decision rationale: Although the MRI shows evidence of nerve encroachment, the use of steroid injection is not medically necessary at this time because there is no evidence the injured worker been treated conservatively with exercises, physical methods, and muscle relaxants. The MTUS recommends these be tried first.