MAXIMUS Federal Services

Case Number:	CM14-0055298		
Date Assigned:	07/07/2014	Date of Injury:	05/28/2013
Decision Date:	09/09/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/24/2014

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice 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 23-year-old male who reported an injury on 05/28/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 06/11/2014 indicated diagnoses of neck pain, cervical disc degeneration, rupture/herniation of cervical disc, cervical sprain/strain, shoulder tendinitis bilaterally, and bilateral shoulder osteoarthritis. On physical examination of the cervical spine, cervical range of motion revealed flexion of 40 degrees, extension of 50 degrees, left lateral flexion and right lateral flexion 35 degrees, and left rotation and right rotation of 70 degrees. The injured worker's shoulder range of motion revealed flexion of 165, extension of 60, exterior and interior rotation of 80, abduction of 165, and adduction of 40. The injured worker's treatment plan included an appointment with AME, followup appointment to review MRI findings, and re-evaluation in 4 weeks. The injured worker's prior treatments included diagnostic imaging and medication management. The provider submitted a request for cervical epidural injection C2-3, C3-4, C4-5, and C5-6. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection (C2-C3, C3-C4, C4--C5, C5-C6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Epidural Steroid Injections (ESIs).

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

Decision rationale: The request for Cervical Epidural Injection (C2-C3, C3-C4, C4--C5, C5-C6) is not medically necessary.The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. There is lack of objective and subjective evidence of radiculopathy on physical examination. There is lack of evidence of documentation provided of exhaustion of conservative therapy such as NSAIDs and physical therapy. Additionally, the request did not indicate whether it was for transforaminal or interlaminal. Moreover, for interlaminal it should be no more than 1 level for transforaminal there should be no more than 2 levels. In addition, the amount of levels in the request is excessive. Additionally, the request did not indicate fluoroscopy for guidance. Therefore, the request is not medically necessary.