

Case Number:	CM14-0055773		
Date Assigned:	07/09/2014	Date of Injury:	03/20/2012
Decision Date:	08/15/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/25/2014

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 and is licensed to practice in California. 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 31-year-old male who reported an injury on 03/20/2012 due to ladder drills in the line of his duty. The injured worker complained of right neck pain that is rated at 1 out of 10 on the pain scale. On physical examination dated 04/10/2014 revealed nontender to palpation in the cervical spine region, motor sensory 5 out of 5 with no deficit noted. The injured worker's diagnoses is cervical radiculitis, resolved, cervical disc herniation. The injured worker's past diagnostics include an MRI of the cervical spine dated 07/10/2012, demonstrates mild straightening of the normal curvature of the cervical spine. No subluxation or fracture. There was a mild right-sided neuroforaminal narrowing at C3 to C4 from degenerative changes, mild. 2 mm disc, level C, 5 to 6 create mild flattening of the anterior dural sac without significant changes. Treatment from provider was for daily exercise and stretch regiment. Prior treatment included status post epidural steroidal injection at C3 to C4 on 03/26/2014 with complete relief. Neck pain was resolved after 10 days after the injection. The treatment plan also includes outpatient interlaminar epidural steroid injection at C3 to C4 for diagnostic and therapeutic reasons. The Request For Authorization dated 03/03/2014 was provided with documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) outpatient Interlaminar epidural steroid injection (ESI) at C3-4 for diagnostic and therapeutic reasons: 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 Injection Page(s): 46.

Decision rationale: The request for 1 outpatient interlaminar epidural steroid injection at C3 through C4 for diagnostic and therapeutic reasons is non-certified. The California Treatment Utilization Review Schedule Guidelines recommend epidural injections for injured worker with radiculopathy documented on physical examination and corroborated on an MRI. The current guidelines recommend no more than 2 epidural steroid injections. The injured worker did complain of neck pain and rated it at a 1 out of 10 on the pain scale. He reported that after the interlaminar epidural steroid injection dated on 03/26/2014 that he had achieved complete relief. His neck pain was resolved about 10 days after the injection. There is a lack of documentation of radiculopathy on the most recent physical examination. Guidelines state that his second epidural injection is not recommended unless there is an ethical response to the first injection. The first injection as documented, the injured worker received complete relief and no longer has radicular symptoms in the bilateral upper extremity. On the physical examination there was no tenderness to palpation in the surgical region, negative facet loading in the cervical spine bilaterally. Motor strength was 5/5 with no deficits noted. As such, the request for outpatient interlaminar epidural steroid injection at C3 through C4 for diagnostic and therapeutic reasons is non-certified.