

Case Number:	CM14-0056213		
Date Assigned:	07/09/2014	Date of Injury:	09/13/1999
Decision Date:	08/11/2014	UR Denial Date:	04/01/2014
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 Orthopedic Surgery 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 male who sustained an injury to his neck on 09/13/99. The mechanism of injury was not documented. Magnetic resonance image of the cervical spine dated 01/28/11 revealed a 2.5mm focal central disc protrusion at C5-6 resulting in severe canal stenosis with mild left foraminal stenosis. Per a progress note dated 02/25/14, the injured worker continued to complain of neck pain at 7/10 visual analog scale. Physical examination noted reduced sensation to bilateral C5-6 and bilateral L5-S1; range of motion reduced; the injured worker was recommended for epidural steroid injections and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C5-C6 under fluroroscopy x3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule states that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs and muscle relaxants). There were no physical

therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatments. Furthermore, current research does not support series of 3 injections in either the diagnostic or therapeutic phase. We recommended no more than 2 epidural steroid injections. Given this, the request for a cervical epidural steroid injection at C5-6 under fluoroscopy times three is not indicated as medically necessary.

Trigger Point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Points injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. Given the absence of palpable trigger points, jump signs, taut muscle bands, or twitch response along with the absence of failure of conservative treatment, the request for trigger point injections is not indicated as medically necessary.