

Case Number:	CM14-0062801		
Date Assigned:	07/11/2014	Date of Injury:	05/16/2005
Decision Date:	08/29/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/05/2014

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 Anesthesiology, has a subspecialty in 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 51 year old female with a reported injury on 5/16/2005. The mechanism of injury was not provided. The injured worker had the use of a wheelchair and a back brace. She has had a previous home exercise program and psychotherapy. She had an EMG/NCS done on 11/20/2013, with results within normal limits. The injured worker also had an MRI done of the spine on 11/21/2013. The results of that MRI were disc desiccation at C2-3 and down to C5 and C6. At C7-T1, there was no significant disc protrusion, and the spinal canal and neural foramina were patent, and the existing nerve roots were normal. The injured worker had an examination on 04/14/2014, with complaints of constant neck pain at a level of 3/10 that radiates to both hands with numbness and tingling. She also complains of low back pain that is constant at 4/10 that also radiates to her bilateral legs with numbness and tingling as well. The physical examination of deficits and the functional analysis and strength analysis was not provided. Her diagnosis consisted of C2-3, C3-4, and C5-6 disc herniation; and mechanical axial low back pain and radiculopathy. The list of medications was not provided. The plan of treatment was to refer for a neurologist for consultation for fibromyalgia. There was no mention of epidural steroid injections within this examination. The request for authorization was signed and dated for 04/14/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 Epidural Steroid Injection: 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 California MTUS Guidelines recommend the criteria for epidural steroid injections is that radiculopathy must be documented by physical examination and/or corroborated by imaging studies and/or electrodiagnostic testing; and they must be initially unresponsive to conservative treatment such as exercises, physical methods, NSAIDs, and muscle relaxants; the injections should be performed under fluoroscopy for guidance, and a second block is not recommended if there is inadequate response to the first. The injured worker did have an examination on 04/14/2014, but the examination was not tested for radiculopathy symptoms. There was not a strength or functional examination provided to review. There was an MRI and EMG that were done, and they do not corroborate the symptoms of radiculopathy. The EMG came back with normal results, and the MRI for the level that is recommended for the C7-T1 says there is no disc protrusion and that their nerve roots are normal. There was no documentation or evidence that the injured worker was unresponsive to conservative treatments. There was no evidence of exercise on physical methods, and there was not a medication list provided or the efficacy. There was not a request for fluoroscopy for guidance. Therefore, the request for the epidural steroid injection is not medically necessary.

L5-S1 Epidural Steroid Injection: 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 steroidal injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend the criteria for epidural steroid injections is that radiculopathy must be documented by physical examination and/or corroborated by imaging studies and/or electrodiagnostic testing; and they must be initially unresponsive to conservative treatment such as exercises, physical methods, NSAIDs, and muscle relaxants; the injections should be performed under fluoroscopy for guidance, and a second block is not recommended if there is inadequate response to the first. The injured worker did have an examination on 04/14/2014, but the examination was not tested for radiculopathy symptoms. There was not a strength or functional examination provided to review. There was an MRI and EMG that were done, and they do not corroborate the symptoms of radiculopathy. The EMG came back with normal results, and the MRI for the level that is recommended for the C7-T1 says there is no disc protrusion and that their nerve roots are normal. There was no documentation or evidence that the injured worker was unresponsive to conservative treatments. There was no evidence of exercise on physical methods, and there was not a medication list provided or the efficacy. There was not a request for fluoroscopy for guidance. Therefore, the request for the epidural steroid injection is not medically necessary.

