

Case Number:	CM14-0076923		
Date Assigned:	07/18/2014	Date of Injury:	07/09/2013
Decision Date:	09/18/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/27/2014

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 in Texas and Ohio. 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 54-year-old female who reported an injury after a trip and fall on 07/09/2013. On 05/19/2014 her complaints included moderate pain in the neck rated at 5/10, and described as burning and throbbing. Her pain was exacerbated by turning her head, driving, sitting too long, or vacuuming. She derived some relief from warm showers, application of heat and her medications. Her cervical spine ranges of motion were restricted by her discomfort. Her flexion was rated at 75% of normal, along with extension. Lateral bending and rotation to the right were at 50% and to the left at 100%. Upon examination there was tenderness at the right C3-4 and C4-5 facet joints, trapezius, rhomboid and supraspinatus muscles. Under the plan of care, the note stated that this worker could be an appropriate candidate for epidural cortisone injection, should her pain persist in a radicular fashion, but no more than 3 per year. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection of Right C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM, Cervical & Thoracic Spine Disorders: Epidural Injections.

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

Decision rationale: The request for Cervical Epidural Steroid Injection of Right C5-6 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Epidural steroid injections can offer short-term pain relief, and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Among the criteria for the use of epidural steroid injections are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the condition must be initially unresponsive to conservative treatments including exercise, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants. Also, the injections should be performed using fluoroscopy for guidance. The progress note submitted stated that this worker was taking no medications. There was no documentation of her having participated in other forms of conservative treatment, including physical therapy, acupuncture, and chiropractic treatment or continuing a home exercise program. Additionally, the request did not specify using fluoroscopy for guidance. Therefore, this request for Cervical Epidural Steroid Injection of Right C5-6 is not medically necessary.