

Case Number:	CM14-0084066		
Date Assigned:	07/21/2014	Date of Injury:	01/26/2009
Decision Date:	09/18/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 48-year-old male with a reported injury on 01/26/2009. The injured worker acquired his injury when he was walking, his right foot caught some unsecured cords and cables; he tripped, falling toward people and a fellow trainee grabbed him to prevent him from falling. However, it was unsuccessful and both of them fell to the floor. He twisted his arm, injuring his right knee, hip and back. He was wearing a neck brace at the time. The diagnoses included cervical disc disease, cervical spondylosis, cervical radiculopathy, cervical stenosis. The injured worker has had previous cervical epidural steroidal injection; the response of that was not provided. He also has had the treatment of H wave, acupuncture, medications, and a home exercise program. The injured worker did have an EMG/NCS with an unknown date, previously with the results of cervical radiculopathy. He did have an MRI on 05/08/2013. MRI of the cervical spine revealed multilevel degenerative disc changes, greatest at C5-6 with disc bulge and osteophytes, neural foramina, and effacing of the thecal sac, and C4-5 disc bulge. The injured worker had an examination on 04/22/2014 with increased complaints of pain. The injured worker was referred and recommended to have neck surgery; he reported severe pain in his neck with radiation to his arm. He reported occasional needle sensation in his right arm pit area. He always felt that his arm was cold and he described his pain as burning, throbbing, pressure like, occasionally pinching, and averages an 8/10 to 9/10 in intensity. Upon examination, the neck did have a limited range of motion and muscle strength was a 5/5 throughout the bilateral upper extremities except for his right thumb. The Spurling's test was negative, and the deep tendon reflexes were 2+ and symmetric at bilateral brachioradialis, biceps, and triceps. The injured worker did have an antalgic gait using a cane. His medication list consisted of Cymbalta, omeprazole, Skelaxin, and clonazepam. He also is using Lidoderm patches. Recommend plan of treatment was for him to continue his medications, to have a trial

of an H wave unit for a month, and to have a hand consultation for possible repair of the right thumb ligaments. There was no mention of epidural steroid injections to C5-6 in this evaluation. The Request for Authorization and rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C5-6 Transforaminal Epidural Injection: 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, (ESI) Page(s): 46.

Decision rationale: The request for Right C5-6 Transforaminal Epidural Injection is not medically necessary. The California MTUS Guidelines recommend that the purpose of the epidural steroid injection is to reduce pain and inflammation, to restore range of motion and facilitate the progress in the more active treatment programs, avoid surgery. Radiculopathy must be documented by physical examination and corroborated by imaging studies, the injured worker must be initially unresponsive to conservative treatments such as exercise, physical methods, NSAIDs, and muscle relaxants. The injection should be performed using fluoroscopy. And in therapeutic phases, a repeat block should be based on continued objective documented pain and functional improvement, including at least 50% pain relief associated with the reduction medication use for 6 to 8 weeks. There is a lack of evidence that the injured worker was unresponsive to conservative treatment such as exercise, physical methods, the use of NSAIDs, and/or muscle relaxants. The request does not specify the use a fluoroscopy for guidance. And it has been reported that the injured worker has had cervical epidural steroidal injections previously and the outcomes of those were not provided. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for Right C5-6 Transforaminal Epidural Injection is not medically necessary.