

Case Number:	CM14-0090736		
Date Assigned:	07/23/2014	Date of Injury:	10/26/2011
Decision Date:	10/14/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/16/2014

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, has a subspecialty in Pain Medicine 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 54-year-old male who reported an injury on 10/26/2011 due to an unknown mechanism. Diagnoses were sprain/strain cervical region, cervical radiculitis, sprain/strain lumbar region. Past treatment was a lumbar epidural steroid injection on 11/15/2013. Diagnostic studies was an MRI of the cervical spine without contrast on 04/27/2014 that revealed exiting left C6 nerve root at the C5-6 level, where there was moderate osteoarthritis of the left facet joint with bone marrow edema centered around the left facet joint. There was moderate bilateral neural foraminal narrowing at the C6-7 level secondary to bilateral uncovertebral hypertrophy. Surgical history was not reported. Physical examination on 05/16/2014 revealed complaints of pain in the SI joints and low back. Pain level was reported a 7/10 a 100% of the day. Range of motion for flexion of the cervical spine was to 40 degrees, extension was to 30 degrees, lateral flexion to the right was to 20 degrees, lateral flexion to the left was to 30 degrees, rotation right was to 70 degrees, rotation to the left was to 60 degrees. Range of motion produced neck and low back pain. Cervical compression test was positive with shooting pain into the right arm and hand. Grip strength was decreased. Medications were not reported. Treatment plan was for an epidural steroid injection of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C5-C6 cervical epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Page(s): 46.

Decision rationale: The decision for right C5-6 cervical epidural injection is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDS and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. The medical guidelines recommend for repeat epidural injections, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The injured worker had a lumbar epidural steroid injection on 11/15/2013 with no reported functional improvement or a decrease in medications. Medications were not reported for the injured worker on physical examination dated 05/16/2014. Previous physical therapy sessions were not reported with any type of functional improvement or failure. The clinical documentation submitted for review does not provide initial failure of conservative therapy. Therefore, this request is not medically necessary.