

Case Number:	CM14-0110207		
Date Assigned:	08/21/2015	Date of Injury:	01/25/2010
Decision Date:	12/14/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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, who sustained an industrial injury on 1-25-2010. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc disease, cervical radiculopathy, status post left carpal tunnel release, bilateral de Quervain's tenosynovitis, bilateral lateral epicondylitis, neuropathy of the bilateral hands, lumbar disc disease, and lumbar radiculopathy. On 6-6-2014, the injured worker reported constant low back pain that radiated to the left leg associated with numbness of the thigh, unchanged since the previous visit. The Primary Treating Physician's report dated 6-6-2014, noted the injured worker received a left L5-S1 transforaminal epidural injection on 5-10-2014 feeling 30-40% better for only three to four days with the pain returned. The injured worker's current medications were noted to include Percocet and Gabapentin with the Physician noting the injured worker was doing well on the current medications. The physical examination was noted to show the injured worker with an antalgic gait to the left with decreased range of motion (ROM) of the cervical spine, decreased sensation in the C6-C7 dermatomes bilaterally, and lumbar spine facet tenderness at the L5-S1 level with diffuse tenderness over the lumbar paraspinal muscles and decreased sensation in the L5-S1 dermatomes on the left. On 3-7-2014, the Physician noted a cervical spine MRI showed multilevel degenerative disc disease greatest at C5-C6 and C6-C7 with 3-4mm disc herniations and mild facet tenderness and bilateral neuroforaminal narrowing. Prior treatments have included physical therapy, chiropractic treatments, right carpal tunnel release in 2012, "two epidural injections" in 2012, Tramadol, and Norco. The treatment plan was noted to include awaiting authorization for bilateral C5-C6 and C6-C7 transfacet epidural steroid injection (ESI), a spine surgery consult for the low back, refills

of Percocet, Gabapentin, and Protonix, and a urine drug screen (UDS). The request for authorization dated 6-9-2014, requested right C5-C6, C6-C7 transfacet epidural steroid injection, under fluoroscopy #1. The Utilization Review (UR) dated 6-13-2014, non-certified the request for right C5-C6, C6-C7 transfacet epidural steroid injection, under fluoroscopy #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C5-C6, C6-C7 Transfacet epidural steroid injection, under fluoroscopy #1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the MTUS guidelines, ESI s are indicated for those with radiculopathy on exam and imaging or neurodiagnostics. According to the ACOEM guidelines, ESIs are not recommended due to their short term benefit. In addition, the length and amount of benefit from a prior cervical ESI is unknown. The MRI does not indicate nerve root impingement. The request for ESI of the cervical spine is not necessary.