

Case Number:	CM14-0177220		
Date Assigned:	10/30/2014	Date of Injury:	02/02/2011
Decision Date:	01/21/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/27/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 63-year-old male who reported an injury on 02/02/2011 due to an unspecified cause of injury. The diagnosis included cervical degenerative disease and myofascial pain, chronic cervical radiculopathy and chronic pain syndrome. Prior surgeries included an anterior discectomy and fusion, and PEEK aspiration at the C5-6 dated 07/12/2011, and a posterior decompression and fusion from the C3-T1 dated 01/2011. Diagnostics included an x-ray dated 04/29/2014 of the cervical spine that revealed multiple level fusion was noted on a single view with disc spacers in the lower cervical spine. The exact level of the fusion was difficult to evaluate and the alignment of the vertebral bodies could not be determined into the projection. Prior treatments included cane, brace, medications, and physical therapy. Medications included Percocet, Valium, prednisone, Zanaflex, Zestril, Flexeril, venlafaxine and Flector patch. The patient presented on 09/24/2014 with complaints of back pain to the upper back and left shoulder. The patient rated his pain a 9/10 using the VAS. Physical examination revealed positive, neurologically the patient was positive for dizziness, really painful band was noted to the superior aspect of the supraspinatus and trapezius muscle, band extended all the way along the trapezius up into the base of the neck over the left shoulder. Deep palpitation over a well circumscribed trigger points and trigger band caused twitch response and radiation up into the neck and into the proximal left shoulder. The treatment plan was for an epidural steroid injection at the T1-2 versus the T2-3, injection x1. The Request for Authorization dated 10/24/2014 was submitted with documentation. The rationale for the epidural steroid injection was the upper back and shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

T1-T2 versus T2-T3 epidural steroid injection x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, 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 request for T1-T2 versus T2-T3 epidural steroid injection x 1 is not medically necessary. The California MTUS guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The guidelines note no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. The documentation was not evident of the dermatomal distribution or corroborated by imaging studies or electrodiagnostic testing. Therefore, the request for T1-T2 versus T2-T3 epidural steroid injection x 1 is not medically necessary.