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| Case Number: | CM14-0194839 | | |
| Date Assigned: | 12/02/2014 | Date of Injury: | 09/02/2013 |
| Decision Date: | 01/16/2015 | UR Denial Date: | 11/14/2014 |
| Priority: | Standard | Application Received: | 11/20/2014 |

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 40-year-old male who reported an injury on 09/02/2013. The mechanism of injury was not specifically stated. The current diagnoses include lumbar spine sprain/strain, left lower extremity radiculitis, left SI joint sprain, and cervical spine sprain and strain with bilateral upper extremity radiculitis. The injured worker presented on 11/05/2014 with complaints of persistent lower back pain and cervical spine pain. The injured worker was status post cervical spine epidural steroid injection with 80% improvement in symptoms. Physical examination of the cervical spine revealed tenderness to palpation, positive Spurling's maneuver, and decreased sensation at the C6-7 dermatomal distribution. Treatment recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 11/05/2014 for a second cervical epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C506 and C6-7 transfacet epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Low Back Procedure Summary last updated 8/22/14, Neck & Upper Back Procedure Summary last updated 8/4/14

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with active rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There were no imaging studies or electrodiagnostic reports submitted for this review. There was no documentation of radiculopathy upon physical examination. Additionally, the injured worker is status post cervical epidural injection. However, there was no documentation of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the initial procedure. Based on the clinical information received and the California MTUS Guidelines, the request is not medically appropriate at this time.