

Case Number:	CM14-0087696		
Date Assigned:	07/23/2014	Date of Injury:	04/30/2013
Decision Date:	02/23/2015	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/10/2014

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 52-year-old male who reported an injury on 04/30/2013. The mechanism of injury reportedly occurred while pulling a tire off an upper rack. His diagnoses included post-traumatic neck pain, mid lower back pain, right knee pain, and left shoulder pain. His past treatments included epidural steroid injections and trigger point injections. Diagnostic studies included an MRI of the thoracic spine without contrast performed on 02/20/2014 with findings of no disc protrusion, no spinal canal stenosis, no neural foraminal narrowing or evidence of nerve root impingement throughout the thoracic spine. Degenerative end plate changes with large marginal osteophytes, mild bilateral posterior facet arthropathy and type 1 Modic end plate changes anteriorly at the T11 through T12 level. His surgical history was noncontributory. The patient presented on 07/25/2014 with complaints of neck, mid lower back pain, right knee pain and left shoulder pain. Upon physical examination of the cervical spine, tenderness to palpation was noted at the C2 through C7 level at a 3+ with muscle spasms; movements were painful and restricted. Power in the right arm was a 3/5 to 4/5. Upon examination of the thoracic spine, tenderness to palpation was a 4+ with muscle spasm. Tenderness was a 3+ in the left shoulder with painful movements. Upon examination of the right knee, tenderness was a 3+ with painful movements. His current medication regimen included tramadol and naproxen since at least 07/16/2014. The treatment plan included to continue modified duty, a request for a CT scan, and a request for an echocardiogram. The rationale for the request was that the dizziness was connected to his atrial fibrillation. A Request for Authorization Form dated 05/27/2014 was provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Cervical Epidural Steroid Injection (ESI) at C7 and T2 levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The injured worker has neck and mid back pain. The California MTUS Guidelines state that epidural steroid injection is recommended as an option for treatment of radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy. The documentation submitted for review failed to provide evidence of significant neurological deficits on physical exam that correlate with an MRI or electrodiagnostic studies such as a positive Spurling's test. Additionally, there was no evidence that the injured worker had tried or failed conservative care such as muscle relaxers. In the absence of the aforementioned documentation, the request for Outpatient Cervical Epidural Steroid Injection (ESI) at C7 and T2 levels is not medically necessary.