MAXIMUS Federal Services

Case Number:	CM14-0090281		
Date Assigned:	09/10/2014	Date of Injury:	11/30/1984
Decision Date:	03/16/2015	UR Denial Date:	05/15/2014
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. 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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old female who reported an injury on 11/30/1984. The mechanism of injury was due to lifting heavy piles. Relevant diagnoses include postlaminectomy syndrome with cervical fusion, cervical radiculitis, disc degeneration, lumbosacral neuritis, lumbar/lumbosacral disc degeneration, and postlaminectomy syndrome of lumbar. Her past treatments included acupuncture, chiropractic therapy, discogram, ESI, heat, ice, massage therapy, physical therapy, TENS unit, and trigger point injection. Her pertinent diagnostic studies included a cervical MRI performed on 04/26/2011, which revealed an osseous fusion of the disc space with no extradural mass effect exerted upon the thecal sac, central canal stenosis or neural foraminal stenosis present at the C5-6 level. Her pertinent surgical history included L5-S1 laminectomy in 1991, cervical fusion of the C5-7 in 1995, and a surgical procedure in 1998. On 03/24/2014, the injured worker presented for a follow-up of a lumbar epidural steroid injection performed on 03/06/2014. The injured worker indicated the epidural steroid injection had worked well until her legs gave out and she fell, exacerbating her low back pain. The physical examination of the cervical spine revealed tenderness to palpation of the posterior cervical musculature bilaterally with increased muscle rigidity. There were also numerous trigger points palpable with tenderness throughout the cervical paraspinal muscles, upper trapezius, and medial scapular regions. The injured worker was noted to have decreased range of motion of the cervical spine; however, was able to bend her chin forward to around 2 fingerbreadths from the sternum. Her extension was noted to be limited to 10 degrees and was indicated to have pain with both maneuvers. The injured worker's motor strength of the upper

extremities was noted at 4/5 to 4+/5, decreased sensation to Wartenberg pinwheel, a positive Tinel's, and a positive straight leg raise. The documentation indicated the injured worker had been authorized for a cervical epidural steroid injection. However, the documentation of the epidural steroid procedure was not provided for review. Relevant medications included Norco 10/325 mg, Ultram 150 mg, Neurontin 600 mg, and Anaprox 550 mg, Fexmid 7.5 mg, Valium 5 mg, Cymbalta 30 mg, Prilosec 20 mg, Zoloft 50 mg, Dendracin topical cream, Lidoderm patch, Doral 15 mg, Lunesta 3 mg, Cardura, estrogen, progesterone, Detrol, fluconazole, Pyridium, and Elmiron. Her treatment plan included one outpatient catheter directed transforaminal epidural steroid injection (ESI) at the right C5-6 level, as the patient has received 50% pain relief for 6 to 8 weeks from previous epidural steroid injections in the past. An undated Request for Authorization form was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Outpatient Catheter Directed Transforaminal Epidural Steroid Injection (ESI) at the Right C5-6 Level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California ESI, Radiculopathy Page(s): 382-383.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: The request for one outpatient catheter directed transforaminal epidural steroid injection (ESI) at the right C5-6 level is not medically necessary. According to the California MTUS Guidelines, there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. The injured worker was indicated to have been authorized for a cervical epidural steroid injection. However, documentation was not provided with regard to the procedure date, objective functional improvement, pain relief of at least 50% for 6-8 weeks, and medication reduction for review. In the absence of the above, and the guidelines not recommending the use of epidural steroid injections to treat radicular cervical pain, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.