

Case Number:	CM15-0003568		
Date Assigned:	01/14/2015	Date of Injury:	06/09/2014
Decision Date:	03/13/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/07/2015

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

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 42 year old male, who sustained an industrial injury on June 9, 2014. He has reported left shoulder pain and head pain following a motor vehicle accident. The diagnoses have included whiplash injury of the neck, lumbar muscle strain, right wrist sprain and right knee sprain. An MRI of the cervical spine on November 11, 2014 revealed canting of the cervical spine, unremarkable cervical cords no cerebellar tonsillar ectopia and straightening to the reversal of normal cervical lordosis of C3-C4 and C4-C5. Treatment to date has included pain management and chiropractic therapy. Currently, the injured worker complains of spasms and pain with radiation of pain into the arms. The injured worker reported that the pain had not improved. On December 9, 2014 Utilization Review non-certified a request for an epidural steroid consultation and injection for the neck and lumbar region, cervical spine and lumbar spine noting the medical record submitted for review did not establish a clear clinical reason for the request without the previous treatment tried and failed. The MTUS ACOEM Guidelines were cited. On January 7, 2015, the injured worker submitted an application for IMR for review of epidural steroid consultation and injection for the neck and lumbar region, cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Consultation and Injection for Neck and Lumbar Region: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation ACOEM/MTUS Guidelines Chapter 7, Page 127 and California MTUS, 2009, Epidural Steroid Injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: According to the 12/02/2014 report, this patient's condition has worsened since the last exam. The current request is for Epidural steroid consultation and injection for neck and lumbar region. The request for authorization is on 12/02/2014. The patient's work status is continue to work without restriction. Regarding ESI, MTUS guidelines states radiculopathy must be documented by physical examination must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. For repeat injections, MTUS requires continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The medical records provided for review do not show evidence of prior cervical/ lumbar epidural steroid injections. The treating physician indicates MRI of the Cervical spine on 11/11/2014 shows a 2 mm central disc protrusion at C3-C4, and mild to moderate left foraminal stenosis at C4-C5. MRI of the Lumbar spine on 11/11/2014 shows a 4 mm broad-based central disc protrusion/extrusion at L5-S1; mild to moderate bilateral foraminal stenoses at L4-L5; and annular bulge, retrolisthesis, disc desiccation, annular disruption without evidence of significant canal stenosis at T11-L1. In this case, the patient's symptoms were corroborated with imaging study but the pain is not described in a specific dermatomal distribution to denote radiculopathy or nerve root pain. No radiculopathy was documented in the physical examination. The MTUS guidelines do not support Epidural steroid injections without documentation of radiculopathy in physical examination. Therefore, the requested Epidural steroid consultation and injection IS NOT medically necessary.