MAXIMUS Federal Services

Case Number:	CM15-0019260		
Date Assigned:	02/09/2015	Date of Injury:	02/13/2014
Decision Date:	04/03/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/02/2015

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, 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 52-year-old female who reported an injury on 02/13/2014. The mechanism of injury was a slip and fall. Prior therapies included 8 sessions of physical therapy and 8 sessions of chiropractic treatment. The injured worker underwent an MRI of the cervical spine on 09/26/2014 which revealed at the level of C6-7 there was mild bilateral facet arthropathy in the prominent central disc osteophyte complex protrusion was present. There was no cord compression. There was mild narrowing of the central spinal canal. The documentation of 01/14/2015 revealed the injured worker had right sided cervical pain, shoulder stiffness on the right, and a dull ache in the neck, and chronic headache since injury. The past surgical history was noncontributory. The injured worker's medications included metformin, lisinopril, Proventil, and a multivitamin. The physical examination revealed the injured worker had decreased range of motion bilaterally and with flexion and extension. The injured worker had no Lhermitte phenomenon. Cranial nerves were intact. Pin, vibratory, and position sense testing were intact in the upper extremities. The physician opined the injured worker would benefit from epidural steroid injections. The diagnoses included cervical pain, thoracic pain, lumbar pain, left hip pain, and headaches. Additionally, the request was made for a left hip evaluation. Additionally, the injured worker was noted to have fair grip strength, fair biceps and triceps strength, and no fasciculation or atrophy. There was a Request for Authorization submitted for review dated 01/26/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection, C6-7 Qty 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy upon physical examination that are corroborated by electrodiagnostic studies. There should be documentation of a failure of conservative care including exercises, physical medicine, NSAIDs, and muscle relaxants. The clinical documentation submitted for review failed to provide specific myotomal or dermatomal findings of radiculopathy upon physical examination. There was a lack of documentation or corroboration of radiculopathy per and MRI or electrodiagnostic studies. There was a lack of documentation indicating the injured worker had failed conservative care. Additionally, the guidelines indicate that in order to perform a second epidural steroid injection, there should be documentation of at least 50% pain reduction, objective improvement in function, and an objective decrease in pain medications for 6 to 8 weeks. The clinical documentation indicated the injured worker was not on pain medications. The second injection would not be supported without results from the first injection, which was found to be not medically necessary. Given the above, the request for epidural steroid injection, C6-7 qty 2 is not medically necessary.

Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review failed to provide a rationale for the requested consultation. The request as submitted failed to indicate the specific type of consultation that was being requested and the rationale. Given the above, the request for consultation is not medically necessary.