

Case Number:	CM14-0116831		
Date Assigned:	09/23/2014	Date of Injury:	11/17/2011
Decision Date:	11/14/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine and Rehabilitation and Pain Medicine, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is a 49-year-old male patient who sustained an industrial injury on 11/17/2011. Mechanism of injury occurred when he was involved in a motor vehicle accident while driving between customers at work. Diagnosis is cervical intervertebral disc without myelopathy. Previous treatment has included chiropractic treatment, orthopedic consultation, and MRI of the neck. On 06/30/14, a request for cervical interlaminar injection was non-certified a utilization review noting that there was no clear detail provided as to whether any previous cervical epidural injection treatment had been performed since the injury including number of injections and outcomes. MRI of the cervical spine performed on 02/23/12 revealed multilevel disc herniations, canal stenosis, and neural foraminal stenosis. There was mild generalized facet and uncovertebral arthropathy noted. It was also noted there was by concave appearance of few of the cervical vertebrae, with increased intervertebral disc height. Possibility of a metabolic disorder like osteomalacia needs to be ruled out. A progress note dated 06/17/14 indicates the patient had present complaints of pain in the neck and upper thoracic area as well as radiating left arm pain and numbness. He reported 50% of the pain is in the neck and 50% radiates down his arm. He has difficulty sleeping secondary to pain. His neck disability index is 70/100. Medications include Lipitor, aspirin, blood pressure medication, and glucosamine. Physical examination revealed tenderness to palpation at the cervical paraspinal muscle region as well as interscapular region. Neck range of motion was limited. Sensation to light touch was diminished in the middle finger, ring finger, and small finger on the left. Reflexes were 0-1 plus at the triceps, biceps, and brachial radialis. Spurling sign was markedly positive on the left, negative on the right. Shoulder impingement test was positive on the left, negative on the right. Motor strength was 5/5 in the bilateral upper extremities with the exception of 4/5 at the left C6

and C7 dermatomal distribution. It was recommended the patient undergo a cervical epidural steroid injection as well as physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Interlaminar Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural Steroid Injection (ESIs)

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

Decision rationale: The CA MTUS guidelines note that epidural injections can be considered when there is documentation of objective radiculopathy on physical examination, corroborating with diagnostic imaging, and failure of conservative measures. Repeat epidural steroid injections can be an option when there is documented greater than 50% pain relief for six to eight weeks, documentation of objective functional improvement and a reduction in medication usage. In this case, documentation does not identify failure of conservative treatment options including physical therapy. It was noted the patient had some chiropractic treatment; however, it does not appear the patient has had physical therapy, nor is there any documentation of pharmacological treatment rendered such as nonsteroidal anti-inflammatories, muscle relaxants, opioid analgesics, or neuropathic adjuvant agents such as tricyclic antidepressants or anticonvulsants. Additionally, the current request does not specify what level or laterality is being requested for injection. Therefore, cervical interlaminar injection at an unspecified level is not medically necessary.