

Case Number:	CM14-0123627		
Date Assigned:	08/08/2014	Date of Injury:	06/02/2008
Decision Date:	12/18/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/05/2014

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 & Rehabilitation, has a subspecialty in Intervental Spine 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:

The patient is a 51 year old with an injury date on 6/2/08. Patient complains of bilateral hand pain, ongoing on the left hand, but recent (one-month onset) on the right hand per 7/15/14 report. The pain has associated numbness/tingling bilaterally per 7/15/14 report. Based on the 7/15/14 progress report provided by the treating physician, the diagnoses are: 1. cervical spine disc bulge 2. thoracic spine strain 3. lumbar spine disc rupture 4. right shoulder internal derangement 5. left shoulder surgery 6. other problems unrelated to current evaluation Exam on 7/15/14 showed "sensory to light touch: left anterior thigh intact, left lateral ankle intact, left lateral calf intact." Exam on 6/26/14 showed decreased L-spine range of motion but no range of motion for C-spine was included in reports. Patient's treatment history includes a single point cane, lumbar brace, medication (Norco). The treating physician is requesting epidural cervical spine. The utilization review determination being challenged is dated 7/29/14. The requesting physician provided treatment reports from 4/15/14 to 7/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI), criteria for the use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: This patient presents with bilateral hand pain, recent (one-month ago) on the right hand. The treater has asked for epidural cervical spine on 7/15/14. Reviews of the reports do not show any evidence of epidural steroid injections being done in the past. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, the patient has not had a prior epidural steroid injection, and review of records show no evidence of a prior cervical MRI. Although there is radicular pain, the physical exam do not show any findings confirming radiculopathy, sensory or motor changes, or deep tendon reflex changes. The treater does not discuss MRI findings or any potential nerve root lesions that may benefit from an ESI. According to MTUS, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The requested epidural cervical spine is not medically necessary. The request is not medically necessary.