

Case Number:	CM14-0125188		
Date Assigned:	09/10/2014	Date of Injury:	04/22/2009
Decision Date:	10/10/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/07/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 injured worker is a 55-year-old male who reported an injury on 04/22/2009, the mechanism of injury was not provided. On 02/24/2014 the injured worker presented with neck and back complaints. Upon examination of the cervical spine there was mild torticollis to the right and left. There was tenderness and muscle spasm both at rest and on range of motion to the right and left. There was pain on scapular retraction and a knot in the bilateral levator scapula. There was a positive bilateral Spurlings test and a positive head compression. There were diminished deep tendon reflexes and diminished sensation. Diagnoses were cervical multilevel discopathy possible disc herniation syndrome and lumbar discopathy with lumbar disc herniation. The therapy included medications. The provider recommended a cervical epidural steroid injection at the bilateral C4-6, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at bilateral C4-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

Decision rationale: The request for Cervical epidural steroid injection at bilateral C4-6 is not medically necessary. According to California MTUS Guidelines an epidural steroid injection may be recommended to facilitate progress and warrant to treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance and no more than two levels should be injected using transforaminal blocks. The documentation submitted for review stated that the injured worker had tenderness at muscle spasm both at rest and on range of motion. There was a positive Spurlings maneuver bilaterally. Diminished reflexes noted to the biceps and triceps and diminished strength. Lack of documentation of imaging studies and/or electrodiagnostic testing that currently corroborate with physical exam findings of radiculopathy. In addition, the documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. There was lack of documentation indicating the injured workers failure to respond to conservative treatments including medications and/or physical therapy treatments. Moreover, the providers request does not indicate the use of fluoroscopy for guidance in the request as submitted. Based on the above, the request is not medically necessary.