

Case Number:	CM14-0129542		
Date Assigned:	08/18/2014	Date of Injury:	01/13/2004
Decision Date:	10/21/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/14/2014

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 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 injured worker is a 54-year-old male who reported an injury on 01/13/2004. The mechanism of injury was not submitted for review. The injured worker has diagnoses of degenerative disc disease with central and foraminal narrowing of the C6 and C7, disc bulge contributing to bilateral radiculopathy at C7-T1, and status post 2006 C5-C7 fusion for myelomalacia. Past medical treatment consists of physical therapy, previous epidural steroid injections and medication therapy. Medications included Norco, Nortriptyline, Anaprox, Cymbalta and Protonix. On 07/07/2014 the injured worker complained of neck pain with bilateral arm numbness. Physical examination had it noted that the injured worker's pain rate was 7/10. The injured worker had a flexion of 30 degrees, extension of 40 degrees which caused bilateral 5th digit tingling. Tinel's testing of the right ulnar nerve at the elbow caused 5th digit tingling. Left was unremarkable. There was full strength in bilateral deltoid, supraspinatus, triceps, extensor digitorum, first DI and abductor pollicis. The treatment plan was for the injured worker to undergo additional translaminar epidural steroid injections at the T1-T2. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right T-1 T-2 Translaminar Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 46.

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

Decision rationale: The request for Right T-1 T-2 Translaminar Epidural Injection is not medically necessary. The California MTUS Guidelines recommend ESIs as an option for treatment of radicular pain. An epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts including continuing in a home exercise program. There is no information on improved function. The criteria for the use of ESIs are as follows: radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy and no more than 2 nerve root levels should be injected using transforaminal blocks. The submitted documentation indicated that the injured worker had a diagnosis of radiculopathy with numbness. However, the submitted documentation lacked any physical objective functional deficits. Additionally, there was lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods and medication. Furthermore, the request as submitted did not indicate the use of fluoroscopy for guidance in the request. The efficacy of previous injections was also not submitted for review. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.