

Case Number:	CM14-0143869		
Date Assigned:	09/12/2014	Date of Injury:	09/12/1997
Decision Date:	10/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/05/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 09/12/97 while replacing a large water bottle when it slipped. He sustained injuries to the cervical and lumbar spine. He continues to be treated for chronic pain. A cervical epidural injection on 08/22/12 is referenced as having provided several months of pain relief. An MRI of the cervical spine on 07/03/13 was compared with a prior scan. Findings included progression of multilevel right-sided foraminal narrowing which was moderate to marked. He was seen by the requesting provider on 06/25/14. Oral steroids had been less effective than usual. He was having low back and leg pain. Physical examination findings included lumbar spine paraspinal muscle tenderness. An MRI of the lumbar spine was requested. On 08/14/14 he had worsening low back symptoms radiating into the right leg with weakness. He was continuing to take oxycodone, Celebrex, and ibuprofen. He was also having scapular pain. Physical examination findings included right scapular and trapezius muscle tenderness. He had right lower extremity hamstring weakness with limited straight leg raising. Cervical and lumbar epidural steroid injections were requested. On 09/09/14 conservative treatments referenced include multiple medications and physical therapy. He was having worsening back and leg pain. Medications were oxycodone 10 mg #60 and AcipHex 20 mg #60. Physical examination findings included right lower extremity weakness. Authorization for a lumbar MRI scan and lower extremity EMG/NCS testing and for a cervical epidural injection were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection (CESI): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI)

Decision rationale: The claimant is more than 15 years status post work-related injury and continues to be treated for chronic pain. A prior cervical epidural steroid injection in August 2012 is reported as having provided several months of pain relief and MRI of the cervical spine in July 2013 showed progression of multilevel right-sided foraminal narrowing. Criteria for the therapeutic use of an epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, documented physical examination findings were right scapular and trapezius muscle tenderness. There were no reported physical examination findings that would support a diagnosis of cervical radiculopathy and therefore the requested epidural steroid injection was not medically necessary.