

Case Number:	CM14-0147766		
Date Assigned:	09/15/2014	Date of Injury:	04/22/2008
Decision Date:	10/15/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/11/2014

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 Pain Medicine and is licensed to practice in Texas and 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 62-year-old male who reported an injury on 04/22/2008. The mechanism of injury was not provided. On 06/11/2014, the injured worker presented with symptoms of upper back pain, neck pain, and bilateral upper extremity pain. The injured worker is post epidural steroid injection and reported improved pain symptoms. Upon examination, there was a well-healed surgical scar on the anterior neck region where the injured worker had a disc replacement surgery at C3-4 and a disc fusion surgery of the lower level of C6-7. There were palpable muscle spasms in the upper back and posterior neck involving the paraspinous cervical and upper thoracic muscles, rhomboid, levator scapula, and suboccipital muscles. There was decreased sensation in the bilateral forearms of the ulnar aspects and a positive Tinel's over the cubital tunnel, and inner elbows. Diagnoses were cervical degenerative disc disease status post disc replacement at C3-4 and fusion at C6-7, adjacent level degenerative changes, bilateral upper extremity ulnar neuropathy, positive electrodiagnostic studies, bilateral shoulder arthritis, possible bone spurs, and MRI evidence of multilevel degenerative disc disease and foraminal stenosis were at C5-6. The provider recommended an interlaminar C7 to T1 ESI. The provider's rationale was not provided. The request for authorization form was 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:

Interlaminar C7-T1 ESI: Upheld

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

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

Decision rationale: The request for an interlaminar T7 to T1 ESI is not medically necessary. According to the California MTUS Guidelines recommend, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/o 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 2 levels should be injected in using transforaminal blocks. The documentation submitted for review stated the injured worker had a prior epidural steroid injection 2 months ago. The guidelines recommend at least a 50% decrease in pain with a reflected decrease in medications. There was a lack of documentation indicating an objective assessment of the injured worker's pain level with the prior use of the epidural steroid injection to reflect at least a 50% pain relief for up to 6 weeks with documented decrease in medication for that duration. Additionally, more information is needed to address motor strength and sensory deficits over the requested facets. There was a lack of documentation on the results of a Spurling's test. There is lack of documentation of MRI findings and diagnostic testing that corroborate with physical exam findings of radiculopathy to warrant an epidural steroid injection. In addition, the documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. More information is needed on if the injured worker had tried and failed a 4 to 6 week period of conservative treatment to include medications and physical therapy. Moreover, the request failed to specify the use of fluoroscopy for guidance in the request as submitted. Based on all of the above, the request is not medically necessary.