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| Case Number: | CM14-0165407 | | |
| Date Assigned: | 10/10/2014 | Date of Injury: | 07/26/2012 |
| Decision Date: | 11/12/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/07/2014 |

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 Pain Management, 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 32-year-old female who sustained work-related injuries on July 26, 2012 when she was assaulted by an inmate. A magnetic resonance imaging scan of the cervical spine obtained on September 27, 2014 revealed findings significant at C3-C4 level of a focal right paracentral disc protrusion/herniation contouring the right lateral recess and impinging the medial aspect of the right intervertebral foramen. Electrodiagnostic testing done on October 26, 2012 demonstrated no evidence of any other cervical radiculopathy or focal nerve entrapment in the right upper extremity. The injured worker presented to the treating provider on December 3, 2013 for second opinion regarding treatment options. The injured worker complained of constant pain level of 7/10 primarily located in her neck and right shoulder blade that radiated to her right hand with associated aching, burning, cramping, numbness and tingling. Neurological examination revealed intact sensation, reflexes and motor strength. Straight leg raising test was negative. The injured worker was reevaluated on December 23, 2014 and complained of neck pain that radiated to her right arm with 5/10 as level of pain. There were no other abnormal findings noted on physical examination except for pain produced upon palpation of the neck. In her follow-up visit on September 5, 2014, the injured worker complained of increased pain in her neck and right shoulder. On examination, range of motion of the cervical spine was restricted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection, with IV sedation QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: According to medical records dated December 3, 2013, the injured worker had tried injections, physical therapy, and medications; however, her responses to such measures were not documented. Moreover, there was no indication that the injured worker has exhausted and failed with appropriate treatment to address her recently flared-up symptoms. The California Medical Treatment Utilization Schedule specified that one of the criteria for the use of epidural steroid injection is that the injured worker must be initially unresponsive to conservative treatment including exercises, physical methods, nonsteroidal anti-inflammatory drugs, and muscle relaxants. Furthermore, the California Medical Treatment Utilization Schedule stipulated that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The findings in the magnetic resonance imaging study done more than two years ago were not consistent with the injured worker's clinical presentation at this time. The injured worker has no evidence of objective neurological impairment in terms of sensation, motor strength, and reflexes to support use of epidural steroid injection. In addition, there was no recent electrodiagnostic study to substantiate active radiculopathy. With all these in consideration, the requested epidural steroid injection is therefore not medically necessary.