

Case Number:	CM14-0180697		
Date Assigned:	11/05/2014	Date of Injury:	09/10/1990
Decision Date:	12/11/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/30/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 59-year-old woman with a date of injury of 09/10/1990. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 05/15/2014, 06/18/2014, and 07/18/2014 indicated the worker was experiencing pain in the left head and face, neck, lower back, right arm, left leg, and both feet that interfered with activities. Documented examinations consistently described tenderness in the upper and lower back and the face along the Trigeminal nerve path. The submitted and reviewed documentation concluded the worker was suffering from cervical and lumbar post-laminectomy syndrome, GERD, neuropathic pain, and medication-induced pruritus. Treatment recommendations included oral pain medication, heat and ice, rest, adjusted activities, and follow up care. A Utilization Review decision was rendered on 09/30/2014 recommending non-certification for a cervical transforaminal epidural steroid injection at both sides of C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical transforaminal epidural steroid injection at bilateral C5-C6: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement and at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks. The submitted and reviewed records indicated the worker was experiencing pain in the left head and face, neck, lower back, right arm, left leg, and both feet that interfered with activities. Documented examinations consistently described tenderness in the upper and lower back and the face along the Trigeminal nerve path. No examination findings consistent with radiculopathy were described or recorded. In addition, there was no suggestion this treatment would assist with the worker's improved progress in an active treatment program. In the absence of such evidence, the current request for a cervical transforaminal epidural steroid injection at both sides of C5-6 is not medically necessary.