

Case Number:	CM14-0093069		
Date Assigned:	09/12/2014	Date of Injury:	05/02/2011
Decision Date:	10/22/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/19/2014

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, and is licensed to practice in Texas & Ohio. 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 47 year old female who reported an injury on 05/02/2011. The mechanism of injury was reported as head trauma. The injured worker had diagnoses of post-concussive disorder with depression, anxiety and cognitive impairment, major depression, cervical sprain, disc displacement and chronic myofascial pain. Prior treatments included cognitive behavioral therapy, psychotherapy, trigger point injections, physical therapy, and a home exercise program. The injured worker had a CT scan of the cervical spine on 03/25/2013 with unofficial findings indicating degenerative changes at multiple disc levels and an electrodiagnostic study in May 2013 indicating C6 and C7 radiculopathy. Surgeries were not indicated within the medical records provided. On 04/01/2014, the injured worker had complaints of neck pain with pain into the left arm all the way to the fingers. Physical examination revealed tenderness and myofascial pain of the posterior cervical region left more than right, hypertonicity, and guarding with muscle spasm of the cervical paraspinal and trapezius. There was mild weakness at the left deltoid and triceps, and sensory impairment along the lateral aspect of the left arm, forearm and hand in a dermatomal distribution corresponding to C6 and C7. Current medications included Remeron, Risperdal, Flexeril, Motrin and Hydrocodone. The treatment plan included the physician's recommendation for cervical epidural steroid injections, referral to an ENT specialist, and the continuation of psychotherapy, counseling, home exercises, medications and cervical traction. The rationale given was that due to the injured worker's symptoms, MRI and electrodiagnostic findings, the injured worker would benefit from cervical steroid injections. The request for authorization form was received on 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection (ESIs)-Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

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

Decision rationale: The request for an Epidural steroid injection (ESIs)-Cervical is not medically necessary. The injured worker had complaints of neck pain with pain spreading down the arm. The California MTUS guidelines recommend Epidural Steroid Injections as an option for treatment of radicular pain. Epidural Steroid Injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Pain must be initially unresponsive to conservative treatment. The medical records provided indicate the injured worker had weakness in the left deltoid and triceps as well as sensory impairment in the C6 and C7 dermatomes. However, no official imaging studies or electrodiagnostic tests were submitted for review. There is also a lack of documentation the injured worker was unresponsive to conservative treatments with exercises, physical methods, NSAIDs and muscle relaxants. Furthermore, the request does not specify the level to be injected. As such, the request is not medically necessary.