

Case Number:	CM14-0097073		
Date Assigned:	07/28/2014	Date of Injury:	11/10/2011
Decision Date:	10/08/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/25/2014

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 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 23-year-old male who sustained an injury on 11/10/11. He complains of neck, upper back, and low back pain. The medications were helpful and well tolerated including Flexeril, naproxen, omeprazole, and Ultracet. The pain was described as aching and burning in the neck and the low back with burning over the right periscapular area. He had pins and needles sensation over his right upper extremity and over his left lower extremity. He rated the pain as 5/10 on 02/03/14; 2-4/10 on 03/17/14; and 3-6/10 on 04/14/14. On exam, there was tenderness over the cervical paraspinals and facet joints. In 2013, he had an MRI of the scapula, thoracic spine, and lumbar spine, which were read as negative. MRI of the cervical spine in 2013 revealed bulging in the C4-5 area and possibly in the C5-C6 area. Cervical MRI done on 04/15/14 revealed congenitally narrow central spinal canal in the cervical spine. Bilateral upper extremities EMG/NCV on 05/12/14 showed right C5 radiculopathy and bilateral lower extremities EMG/NCV showed left S1 radiculopathy. Whole body bone scan done on 04/15/14 revealed minor interval change with a slight increase in labeling in the left sacroiliac joint relative to the right and uptake in the maxilla. Current medications include Ultracet, Prilosec, Anaprox, and Flexeril. Diagnoses include chronic pain syndrome, myofascial pain, neck pain, headaches, right trapezius pain, cervical radiculitis, low back pain, and lumbar radicular pain. The request for cervical epidural steroid injection C6-C7 under fluoroscopy with conscious sedation was denied in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C6-C7 under Fluroscopy with Consious Sedation:
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 ESI
Page(s): 46.

Decision rationale: Per guidelines, cervical epidural steroid injection is recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for the use of Epidural steroid injections include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is Electrodiagnostic evidence of right C5 radiculopathy. However, there is little to no documentation of trial and failure of conservative management such as physical therapy of a reasonable period of time. Therefore, the medical necessity of the request cannot be established based on the guidelines and submitted clinical information.