

Case Number:	CM14-0097930		
Date Assigned:	07/28/2014	Date of Injury:	07/12/2011
Decision Date:	10/09/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/26/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 50-year-old female who reported an injury on 07/12/2011. The mechanism of injury was not provided. On 06/03/2014, the injured worker presented with neck pain. Upon examination of the cervical spine, there was tenderness to palpation over the trapezius on the right. There was palpable bands of taut muscle with a positive twitch response and referred pain. Decreased strength in the left upper extremity. There is decreased sensation to the light in the right upper extremity and left upper extremity. There was 2+ deep tendon reflexes. Prior treatment included an epidural steroid injection and medications. The diagnoses were postlaminectomy syndrome of the cervical region, cervical radiculopathy, degenerative disc disease of the cervical spine, and hypertension. An MRI of the cervical spine dated 02/20/2013 demonstrated changes status post fusion at C6-7 with no abnormalities identified. The provider recommended a cervical epidural steroid injection with fluoroscopy, the provider's rationale was note provided. The Request for Authorization form was not 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:

Cervical Epidural Steroid Injection with Fluoroscopy, Epiduragram, Anesthesia: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, 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 or 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 nerve root levels should be injected using transforaminal blocks. Repeat injections should have at least a 75% or greater reduction of pain with associated reduction in medications. The documentation submitted for review noted that the injured worker had completed initially recommended conservative treatment. Physical examination findings noted tenderness to palpation over the trapezius on the right with palpable bands and taut muscle with positive twitch response and referred pain. Decreased strength in the left upper extremity and right upper extremity, and decreased sensation to light touch in the right and left upper extremities. More information is needed as the results of a Spurling's test. There is no corroboration with physical examination findings and electrodiagnostic testing or imaging studies to corroborate radiculopathy. Additionally, the documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. Moreover, the request failed to specify the level or levels being requested. Based on the above, the request for Cervical Epidural Steroid Injection with Fluoroscopy is not medically necessary.