MAXIMUS Federal Services

Case Number:	CM14-0099730		
Date Assigned:	07/28/2014	Date of Injury:	01/17/2012
Decision Date:	09/22/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesia, has a subspecialty in Pain Medicine and Acupuncture 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 63-year-old male with a reported injury on 01/17/2012. The injury occurred when the injured worker fell and sustained an injury to his left shoulder, neck, low back and sustained a closed head injury with loss of consciousness. The injured worker's diagnoses consisted of lumbar spine disc bulge, cervical spine disc bulge, left shoulder impingement, lumbar spine radiculopathy and cervical spine radiculitis. The injured worker has had previous treatments of acupuncture, and the efficacy of that treatment was not provided. The injured worker had a cervical MRI on 02/12/2014 that revealed a C3-4 disc protrusion resulting in a mild degree of central canal narrowing, and C3-4 and C4-5 bony hypertrophy resulting in narrowing of the neural foramen with abutment of exiting left cervical nerve roots at these levels. The MRI does not specify radiculopathy. The injured worker had an examination on 05/20/2014 with complaints of headaches and neck pain. He also complained of upper extremity pain and low back pain. He rated the pain at a 7/10. An examination of the cervical spine revealed 3+ tenderness over the paraspinal muscles, trapezius and parascapular muscles bilaterally. There was 3+ pain over the cervical spine processes from C4 to C7. Cervical compression and shoulder decompression tests were positive bilaterally, and there was slight decrease in sensation on the left side of the face compared to the right. There is a lack of documentation of motor strength and reflexes. There was not a Spurling's test provided. There was not a list of medications provided. The recommended plan of treatment was for the injured worker to see a neuropsychologist. There is no mention, in this evaluation, the recommendation for an epidural steroid injection of the cervical spine. The request for authorization was not provided. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Transfacet Epidural Steroid Injection LT C3-5: Upheld

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

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

Decision rationale: The request for the cervical transfacet epidural steroid injection LT C3-5 is not medically necessary. The California MTUS Guidelines recommend the criteria for the use of epidural steroid injections are for there to be documentation by physical examination and corroborated by imaging studies of radiculopathy. Also, the patient must be initially unresponsive to conservative treatment such as exercise, physical methods, NSAIDs and muscle relaxants. The injections should be performed using fluoroscopy for guidance. There was a lack of documentation of radiculopathy in the physical examination, and the MRI did not specify that there was radiculopathy. There was a lack of documentation of evidence of the injured worker being unresponsive to conservative treatment such as exercise, physical methods, the use of NSAIDs and muscle relaxants. There was not list of medications provided. The request does not specify the use of fluoroscopy for guidance. There is a lack of evidence to support the medical necessity of this request. Therefore, the request for cervical transfacet epidural steroid injection LT C3-5 is not medically necessary.