

Case Number:	CM14-0146754		
Date Assigned:	09/12/2014	Date of Injury:	07/11/2011
Decision Date:	03/10/2015	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 48 year old female, who sustained an industrial injury on July 11, 2011. She has reported neck, back, head, ribs, and extremities. The diagnoses have included cervical sprain/strain, bilateral carpal tunnel syndrome, headache, lumbar disc displacement, and status post lumbar decompression. Treatment to date has included oral and topical pain, non-steroidal anti-inflammatory, and muscle relaxant medications; splint, injections, acupuncture, aquatic therapy, physical therapy, and chiropractic therapy, and diagnostic studies. On May 9, 2014, a magnetic resonance imaging (MRI) of the cervical spine revealed multilevel disc herniations at cervical 3-4, cervical 5-6, and cervical 6-7, and spinal canal stenosis with a disc herniation at cervical 4-5. On August 13, 2014, the injured worker complained of increasing lower back pain with radiation down the right lower extremity. She was seven months status post lumbar decompression. The physical exam revealed cervical spine tenderness to palpation, paraspinals spasm, positive trigger point, and a positive cervical compression test. The cervical range of motion was moderately decreased. Sensation was intact. The motor exam was normal, deep tendon reflexes were normal. The treatment plan included a cervical epidural steroid injection and to continue chiropractic therapy. On August 25, 2014 Utilization Review non-certified a request for a cervical epidural steroid injection, noting there was no objective documentation of radicular pain and loss of dermatomal sensation. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Injection Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 309.

Decision rationale: According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, the patient does not have recent clinical evidence or EMG findings of radiculopathy. There is no documentation of radiculopathy. Therefore, the request for cervical spine epidural steroid injection is not medically necessary.

Follow-Up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 171, Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach :(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)." Since the request for cervical spine epidural steroid injection is not medically necessary, the follow-up visit is not required anymore.