

Case Number:	CM14-0209459		
Date Assigned:	12/22/2014	Date of Injury:	05/03/2009
Decision Date:	02/19/2015	UR Denial Date:	11/30/2014
Priority:	Standard	Application Received:	12/15/2014

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 61-year-old male with a date of injury 05/03/2009 and the mechanism of injury was a fall. The patient's diagnoses includes low back pain, multilevel lumbar spondylosis and degenerative scoliosis, left sciatica, L4-5 spondylolisthesis, and spinal stenosis. Past treatments included chiropractic therapy, physical therapy, medications, epidural steroid injections, and cognitive behavioral therapy. Diagnostic studies included an MRI of the cervical spine of 06/21/2014 found L4-5 disc herniation, bilateral neural foraminal narrowing affecting the L4 exiting nerve roots, C7-T1 disc protrusion and bilateral neural foraminal stenosis affecting the C8 nerve roots. On 11/18/2014, it was noted the injured worker complained of head pain with radiation to both arms and low back with numbness and weakness in his hands. He reported his pain level was 9/10. On 11/18/2014, he also presented with significant symptoms of major depression and anxiety. Upon physical examination dated 10/24/2014 of the cervical spine, revealed range of motion allowing for flexion and extension of 45 degrees, rotation 45 degrees to both sides. The neurological exam of the upper extremities is normal with regard to sensation, motor strength and deep tendon reflexes. His medications included Cymbalta. The treatment plan was for cervical epidural steroid injection. The request is for a cervical steroid injection at C7-T1 and the rationale is possible for whiplash injury to the neck. The Request for Authorization was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical steroid injection at C7-T1: 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 Treatment Guidelines Epidural steroid injections (ESIs). Page(s): 46.

Decision rationale: The request for cervical steroid injection at C7-T1 is not medically necessary. The patient presented in 10/2014 with complaints of left leg and low back pain. The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An 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. The criteria for an ESI is radiculopathy and must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The clinical notes lacked evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by the physician's examination. There is a lack of documentation of the injured worker's initial and response to conservative treatment which would include exercises, physical methods, and medications. The request did not indicate the use of fluoroscopy for guidance and as such, the request is non-certified.