

Case Number:	CM14-0210746		
Date Assigned:	12/23/2014	Date of Injury:	05/17/2014
Decision Date:	02/19/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/16/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 32-years old female patient who sustained an injury on 5/17/2014. She sustained the injury when her foot got caught and fell backward, hitting her head on metal cart and then ground. The current diagnoses include lumbar sprain, cervical sprain, left ankle sprain, thoracic sprain, rib sprain, left wrist sprain, stress, anxiety and post traumatic cephalgia. Per the doctor's note dated 12/23/2014, she had complaints of neck pain, upper back pain, left wrist pain, facial twitching, stress, anxiety and depression. The physical examination revealed cervical spine- range of motion- flexion 50, extension 50, lateral flexion 40 and rotation 70 degrees bilaterally, tenderness to palpation and positive foraminal compression test and Jackson compression test bilaterally; thoracic spine- range of motion- flexion 30, extension 20, lateral flexion 30 degrees bilaterally, tenderness to palpation; left wrist- range of motion- flexion 60, extension 60, ulnar deviation 30 and radial deviation 20 degrees, tenderness to palpation over the thenar eminence, carpal bones on the left; lumbar spine- range of motion- flexion 60, extension 20, lateral flexion 20 and rotation 20 degrees bilaterally, tenderness to palpation; left ankle- range of motion- flexion 60, extension 30, inversion 40 and eversion 20 degrees. The medications list includes naproxen, cyclobenzaprine, omeprazole, synovacin and topical creams. She has had cervical MRI dated 8/29/14 which revealed 2 mm protrusion at C5-6 and a 2 mm broad-based protrusion at C6-7 effacing the thecal sac and mild arthrosis at C5-6; lumbar MRI dated 9/30/2014 which revealed a disc protrusion with nerve encroachment at L5-S1 and mild discogenic spondylosis at L4-L5. She has had physical therapy, chiropractic care and ESWT for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C6-C7 under Fluoroscopy and IV sedation, as outpatient: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "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. 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. Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Patient had non-specific findings of radiculopathy. Objective evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing is not specified in the records provided. As stated above, 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. Failure to previous conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. A plan to accompany the proposed ESI with active rehab efforts is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of Cervical Epidural Steroid Injection at C6-C7 under Fluoroscopy and IV sedation, as outpatient is not medically necessary.