

Case Number:	CM15-0010481		
Date Assigned:	01/28/2015	Date of Injury:	10/16/2012
Decision Date:	03/18/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/19/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 49 year old female, who sustained an industrial injury on 10/16/2012. The diagnoses have included post laminectomy syndrome of cervical region. Treatment to date has included cognitive behavior therapy, pain medications, Transcutaneous Electrical Nerve Stimulation (TENS) and massage therapy. Computerized tomography (CT) Myelogram done 4/5/2014 showed C4-5 fusion, normal alignment; there was thecal sac narrowing at C6-7. The injured worker had a normal electromyography study of the right and left upper extremity as well as cervical paraspinal muscles on 11/21/2014. According to a Primary Treating Physician's Progress Report dated 12/13/2014, the injured worker complained of neck pain radiating into her shoulders. She also complained of lack of strength in her arms and difficulty holding the steering wheel while driving. According to the visit note dated 12/29/2014, the injured worker had persistent neck pain 7/10. Neck and shoulder pain were noted to be improving. Physical exam revealed moderate cervical paraspinal tenderness. Current medications included Naproxen and Norco. On 1/7/2015, Utilization Review (UR) non-certified a request for one Interlaminar Injection C7-T1, noting there was no documented objective clinical evidence of radiculopathy. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One interlaminar injection C7-T1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 47.

Decision rationale: One interlamina injection C7-T1 is not medically necessary. The California MTUS page 47 states the purpose of epidural steroid injections 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections. The physical exam was not consistent with radiculare symptoms. Additionally, the EMG study on 11/21/2014 was normal; Therefore, the requested procedure is not medically necessary per ODG and CA MTUS guidelines.