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| Case Number: | CM15-0011099 | | |
| Date Assigned: | 01/29/2015 | Date of Injury: | 01/07/2014 |
| Decision Date: | 03/26/2015 | UR Denial Date: | 12/19/2014 |
| Priority: | Standard | Application Received: | 01/21/2015 |

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: California
 Certification(s)/Specialty: Emergency 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 58-year-old male who reported injury on 01/07/2014. The documentation of 12/05/2014, a patient consultation, indicated the injured worker had cervical radiculopathy. The mechanism of injury was the injured worker was working on top of a big machine and fell from that machine approximately 3 feet onto the ground, landing on his right side against a rolling door and tweaking his neck. Prior therapies included medications. The injured worker denied physical therapy and chiropractic treatment. Previous diagnostic studies were noted to include an x-ray and an MRI. The examination further revealed the injured worker had no surgical history. The medications included Norco 5/325 mg tablets 1 by mouth twice a day, tizanidine hydrochloride 4 mg capsules, lorazepam 2 mg tablets, and Levoxyl 50 mcg tablets. The injured worker had bilateral cervical spasms. The physical examination revealed the injured worker was well nourished, well hydrated, and in no acute distress. The assessment and plan included cervical radiculopathy and degenerative disc disease, cervical. The treatment plan included cervical epidural steroid injections in a series of 2 to 3 injections at 1 to 2 week intervals. The physician indicated they reviewed the MRI. The injured worker was noted to undergo physical therapy and continue with physical therapy, a home exercise program, moist heat, and stretches. The injured worker underwent an MRI of the cervical spine which revealed at the level of C7-T1 there was no significant disease, facet osteoarthritis, or stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection anesthesia with x-ray fluoroscopic guidance levels at C7-T1 x2:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Epidural Steroid Injection, Sedation

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections when there is documentation of radicular findings upon physical examination that are corroborated by electrodiagnostic or imaging studies. There should be documentation of a failure of conservative care including physical medicine, exercise, NSAIDs, and muscle relaxants. The clinical documentation submitted for review failed to provide objective findings upon physical examination that were corroborated by imaging studies or electrodiagnostics. It should be performed under fluoroscopic guidance. There was a lack of documentation of a failure of conservative care as it was noted the injured worker would be continuing to utilize conservative care. Additionally, in regard to the series of 2, repeat steroid injections are not recommended unless there is documentation of at least 50% decreased pain relief for 6 to 8 weeks with associated medication reduction and objective functional benefit for the same duration. The guidelines however do not specifically address anesthesia. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that anesthesia is not recommended unless there is documentation of extreme anxiety. There was a lack of documented rationale for the use of anesthesia. Given the above and lack of documentation, the request for cervical epidural injection anesthesia with x-ray fluoroscopic guidance levels at C7-T1 x2 is not medically necessary.