

Case Number:	CM15-0011547		
Date Assigned:	01/29/2015	Date of Injury:	02/03/1992
Decision Date:	03/30/2015	UR Denial Date:	12/21/2014
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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old male who reported an injury on 02/03/1992. The mechanism of injury was not provided. The injured worker had a laminectomy. There was a Request for Authorization submitted for review dated 12/18/2014. The documentation of 12/10/2014 revealed the injured worker had pain with medications of an 8/10 and without medications was a 10/10. The injured worker denied a change in location of pain. The injured worker's medications included Ultram ER 100 mg tablets 1 daily, Zanaflex 4 mg 1 daily, trazodone 100 mg 1 to 2 at bedtime as needed, tramadol hydrochloride 50 mg 1 tablet twice a day, and Neurontin 800 mg 1 four times a day. The injured worker underwent multiple urine drug screens. The diagnoses included herniated disc, status post anterior cervical discectomy and fusion C6-7 in 1992 and C5-6 in 1999, cervical radiculopathy, post-laminectomy syndrome, and spasm of muscle. The injured worker underwent electrodiagnostic studies and nerve conduction studies. The physical examination revealed the injured worker had a Spurling's maneuver that caused left upper extremity tingling. There was noted to be no change on the visit. The injured worker had 4/5 motor strength of grip on the left and at the elbow flexors, as well as wrist flexors on the left. Light touch sensation was decreased over the thumb, index finger, middle finger, ring finger, little finger, medial hand, lateral hand, medial forearm, and lateral forearm on the left side. The Waddell signs were negative. The documentation indicated the cervical epidural steroid injection was pending for the injured worker and it was documented it needed to be approved as it allowed the injured worker to take less of all medications and increased of activities of daily living and exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical Epidural Injection at the 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 Injection Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend repeat epidural steroid injections when there is documentation that the injured worker was able to have a 50% reduction in pain and objective functional improvement, as well as an objective decrease in pain medications for at least 6 to 8 weeks. The clinical documentation submitted for review indicated the injured worker had prior injections. The injured worker indicated that the injection allowed him to take less of his medications and increase his activities of daily living and exercises. However, specific objective documentation was not provided. Given the above, the request for 1 cervical epidural injection at C7-T1 is not medically necessary.