

Case Number:	CM14-0143021		
Date Assigned:	09/10/2014	Date of Injury:	10/24/2013
Decision Date:	10/15/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 71-year-old female who reported an injury on 10/24/2013. The mechanism of injury was not provided. The injured worker was diagnosed with cervical sprain, cervical stenosis, and fossa arthropathy. The injured worker was treated with medications and a home exercise program. The injured worker had an MRI of the cervical spine on 05/31/2014, which revealed osteophyte formation and severe foraminal stenosis on the right at C5-6 and C6-7 levels; at C4-5 level, there is a marked loss of disc height and a 3 mm central protrusion. On the clinical note dated 08/01/2014, the injured worker complained of constant, moderate to severe neck, right shoulder, right elbow, right wrist and hand, low back, and right knee pain. The injured worker had cervical spine range of motion with flexion at 17 degrees, extension at 6 degrees, left lateral flexion at 9 degrees, and right lateral flexion at 14 degrees. The injured worker had a positive Spurling test with pain radiating to the lateral aspect of the upper arms. Deep tendon reflexes of the biceps at 1 out of 4 on the right and 2 out of 4 on the left. On the clinical note dated 03/05/2014, the injured worker was prescribed Soma and Protonix. The dosage and the frequency were not provided. The treatment plan was for a cervical spine epidural steroid injection at C4-5. The rationale for the request was in regard to the flare-up of cervical spine pain. The Request for Authorization was submitted for review on 08/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine epidural steroid injection at C4-5: 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): 46.

Decision rationale: The request for cervical spine epidural steroid injection at C4-5 is not medically necessary. The injured worker is diagnosed with cervical sprain and stenosis. The injured worker had a positive Spurling test, and decreased range of motion and strength. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. 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 for guidance. There is a lack of documentation indicating failure of conservative treatment. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Additionally, the request does not indicate the injection to be performed under fluoroscopy. As such, the request for cervical spine epidural steroid injection at C4-5 is not medically necessary.