

Case Number:	CM14-0148723		
Date Assigned:	09/18/2014	Date of Injury:	02/09/2013
Decision Date:	10/21/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/12/2014

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 California. 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 57-year-old male who reported an injury on 02/09/2013. The mechanism of injury was a vertical elevator door dropped on the injured worker. The injured worker underwent a CT of the cervical spine and an x-ray of the lumbar spine. The injured worker underwent other noncontributory x-rays and MRIs. The injured worker had physical therapy and was prescribed medications including Norco. The surgery history was noncontributory. The diagnoses included cervical radiculopathy. The documentation of 07/25/2014 revealed the injured worker was taking Norco and Flexeril and accommodation controls his pain. The injured worker denied side effects from the medications. The injured worker indicated his pain had increased. The pain was an 8/10, and at its worst it was a 10. The physical examination revealed there was pain in the injured worker's cervical spine when the neck was flexed anteriorly or with extension of the cervical spine. The treatment plan included a cervical epidural steroid injection and a genetic opioid risk test. The injured worker underwent an MRI of the cervical spine on 02/11/2013 which revealed, at C4-5 to C6-7, there was a 2 mm central disc bulge with no definite thecal stenosis. There was bilateral moderate to severe neural foraminal stenosis related to the disc protrusion and facet hypertrophy probably touching or indenting the bilateral C5-7 exiting nerve roots that were probably stable or slightly increased since 11/2010. There was a Request for Authorization submitted for the date of 08/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C5-6 bilaterally under fluoroscopy and anesthesia times 2: Upheld

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

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)

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy upon physical examination that are corroborated by diagnostic studies, and when there has been documentation of a failure of conservative care. The clinical documentation submitted for review failed to meet the above criteria. The request was submitted for injections x 2, and there was a lack of documented clarity to indicate whether it was for the injection at C5 and C6 or whether it was 2 injections. Per the guidelines a repeat injection is not supported without documentation of objective functional improvement and an objective decrease in pain of at least 50% along documentation of decreased medication usage for 6 -8 weeks. Additionally, as the California MTUS Guidelines do not specifically address anesthesia, secondary guidelines were sought. The Official Disability Guidelines (ODG) indicates that anesthesia should be utilized when an injured worker has extreme anxiety. There was a lack of documentation indicating the injured worker had anxiety. This portion of the request would not be supported. Given the above, the request for Cervical epidural steroid injection C5-6 bilaterally under fluoroscopy and anesthesia times 2 is not medically necessary.