MAXIMUS Federal Services

Case Number:	CM14-0155059		
Date Assigned:	09/25/2014	Date of Injury:	09/12/2012
Decision Date:	11/03/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/22/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 46-year-old female who reported an injury on 09/12/2012. The mechanism of injury was that a student went out of control and injured the worker and other students, and the injured worker attempted to restrain him. The documentation of 08/07/2014 revealed the injured worker had a cervical spine fusion in 12/2013. The injured worker underwent cervical epidural steroid injections for cervical radiculopathy and the injured worker had 12 sessions of physical therapy postoperatively. The injured worker had pain that started in the low back pain and a radiating pain down to the left shoulder. The injured worker had numbness and tingling in the left hand. The injured worker had radiation of pain just medial to the left shoulder blade and in the vicinity of the lower trapezius muscles. The neck pain was exacerbated by any type of neck movement. The injured worker indicated that the pain was electrical, hot, burning, and tender. The injured worker was noted to have trialed several different classes of medications, including opioids and non-steroidal anti-inflammatories. The injured worker was placed on Neurontin; however, had excessive sedation. The injured worker was requesting a repeat epidural steroid injection. The injured worker indicated a new cervical spine MRI was approved with and without contrast. The physical examination revealed the injured worker had pain to palpation on the cervical facets. Range of motion was decreased with pain. The cervical spine was stable. The Spurling sign was positive on the left. The injured worker had multiple palpable trigger points in the muscles of the head and neck. The injured worker had depressed left triceps reflexes at 1+ compared to 2+ on the opposite side. The injured worker had decreased sensation at the C5 and C6 dermatomes on the left. The injured worker had an MRI of the cervical spine prior to surgical intervention. The treatment plan included a cervical epidural steroid injection at C6 with a series of 3 injections. There was no Request for Authorization or rationale submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C6 level: 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 rationale: The California MTUS Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy that are corroborated by imaging or electrodiagnostic testing. There should be documentation the injured worker failed conservative care, including physical therapy, NSAIDs, and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had an MRI; however, the MRI was prior to surgical intervention. The injured worker was noted to be approved for a repeat MRI of the cervical spine, which was not provided for review. There was documentation the injured worker had objective findings upon physical examination. There was a lack of documentation indicating the injured worker's pain was resistant to NSAIDs, muscle relaxants, and physical medicine treatment. Given the above, the request for cervical epidural steroid injection at the C6 level is not medically necessary.