

Case Number:	CM14-0053382		
Date Assigned:	07/07/2014	Date of Injury:	01/09/2014
Decision Date:	10/19/2015	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/22/2014

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. 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 date of injury is 1/9/14 and the records state she has had some type of injection, muscle relaxants, heat, use of traction, narcotic analgesics, anti-inflammatories and bed rest. Physical exam on 2/19/14 shows mild diminution in left triceps pronator and interossei with positive left spurling's. The MRI was read on that report as having a small disc protrusion at left C6-7 causing moderate left lateral recess narrowing and severe proximal left foraminal narrowing, mild central stenosis. Disc bulge at C5-6 with mass effect on thecal sac and mild central stenosis, right lateral recess narrowing and moderate right neuroforaminal narrowing, mild facet degenerative changes. Request was made for physical therapy twice per week and transfer of care to [REDACTED], as she is a candidate for epidural steroid injections and definitely not interested in surgical interventions.

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, C6/7: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (updated 03/07/2014) Epidural steroid injection (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Regarding the request for Cervical spine epidural steroid injections at levels of C5-C6 and C6-C7, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines also state no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. Within the documentation available for review, there are recent physical examination findings supporting a diagnosis of radiculopathy at the requested nerve levels on one side only, and documentation of failed conservative treatment, however additional conservative treatments are being requested. Furthermore, it is unclear if the physician is requesting to do a transforaminal approach or an interlaminar approach since only one level with the interlaminar approach is recommended per guidelines. In the absence of such documentation, the currently requested cervical spine epidural steroid injections at levels of C5-C6 and C6-C7 is not medically necessary.