

Case Number:	CM13-0003940		
Date Assigned:	11/01/2013	Date of Injury:	06/03/2009
Decision Date:	01/15/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty certificate 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 physician 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 patient is a 49-year-old female who reported an injury on 06/03/2009. The mechanism of injury was stated to be repetitive use of a portable computer system. The patient is noted to have decreased touch sensation in the left upper extremity with C5 and C6 dermatomes affected. The range of motion of the cervical spine was noted to be limited due to pain. The patient was noted to have had a previous cervical epidural steroid injection. The diagnoses are stated to include cervical radiculopathy and chronic pain - other, along with cervical facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS guidelines recommend that, for repeat Epidural steroid injection, there must be "continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The

patient's objective physical examination findings indicate that the patient had spinal vertebral tenderness in the cervical spine at the C4 to C7 level. The patient was noted to have cervical myofascial tenderness. The patient was noted to have decreased motor strength involved in the muscles with the C5-6 dermatome. The motor examination was noted to reveal a decrease in motor strength in the left upper extremity. The patient was noted to have had a previous procedure, which provided 70% relief for 6 months. The patient was noted specifically to be able to reduce the consumption of Vicodin from 3 per day to 1 - 2 per day and to be able to increase mobility and the ability to walk up to 1 mile per day. The clinical documentation submitted for review indicates that the patient meets the Guidelines for a repeat injection. I am reversing the prior UR decision. The request for a C5-6 Epidural Steroid Injection is medically necessary.