

Case Number:	CM13-0007923		
Date Assigned:	12/18/2013	Date of Injury:	04/26/2006
Decision Date:	02/20/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/06/2013

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 in Pain Management 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 56-year-old female who reported a work related injury on 04/26/2006 due to a trip and fall. Recent clinical documentation stated the patient complained of chronic cervical and thoracic spine pain. Tenderness was noted at the cervical facets bilaterally at C3, C4, and C5, as well as right C5 pattern pain. Paraspinous spasm was palpable from C6-7 bilaterally. The patient also had complaints of daily headaches. Past treatments include chiropractic, injections, medication, and physical therapy. The patient underwent radiofrequency neurotomies at medial branch of dorsal ramus of right C2, C3, C4, and C5 on 07/03/2012. MRI of the cervical spine indicated moderate facet hypertrophy on the right noted at C4-5 with uncovertebral hypertrophy and overall moderate narrowing of the right neural foramen with no central canal stenosis. A request has been made for right C4-5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4-5 Transforaminal epidural steroid injection: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines' criteria for the use of epidural steroid injections indicate that repeat blocks should be based on continued objective documented pain and functional improvement to include at least 50% pain relief with associated reduction of medication use for 6 weeks to 8 weeks. There was no documentation in the medical records provided for review stating the patient had at least 50% pain relief with associated reduction of medication use following her prior injections to her cervical spine. Furthermore, the efficacy of the patient's most recent physical therapy or conservative care was not noted in the submitted documentation. The MTUS Chronic Pain Guidelines also state that the patient must be initially unresponsive to conservative treatment to include exercises, physical methods, NSAIDs, and muscle relaxants prior to the use of epidural steroid injections. Therefore, the request for a right C4-5 transforaminal epidural steroid injection is not medically necessary and appropriate.