MAXIMUS Federal Services

Case Number:	CM13-0015309		
Date Assigned:	11/27/2013	Date of Injury:	04/05/2006
Decision Date:	10/23/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/22/2013

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 and Rehabilitation 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:

This is a 49-year-old female with a 4/5/06 date of injury; the mechanism of the injury was not described. The MRI of the cervical spine dated 7/13/11 revealed a 2-3 mm disc protrusion at C5-C6 with right greater than left foraminal narrowing and facet arthropathy at that level and that at the C6-C7 was a 1-2 mm right foraminal disc protrusion with facet arthropathy causing right foraminal narrowing. The patient underwent CESI on 1/11/13 with 50-80% improvement. The patient was seen on 7/5/13 with complaints of neck pain radiating into bilateral upper extremities with tingling, numbness and weakness. Exam findings revealed weakness in the C5-C6 dermatome distributions. The diagnosis is cervical facet arthropathy, cervical radiculopathy, lumbar radiculopathy and lumbar spinal stenosis. Treatment to date: physical therapy, work restrictions, medications, acupuncture. An adverse determination was received on 7/22/13 given that the request was for an interlaminar approach was certified only at C6-C7 because the interlaminar approach was much safer at C6-C7 than the approach at C5-C6 and that there was ability to get the medication past the C5-C6 level with this approach.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection Bilaterally At C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epdirual Steroid Injections (ESIs).

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

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, 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. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. The UR decision dated 7/22/13 certified interlaminar injection at C6-C7 because the approach was considered to be safer that at C5-C6. Of note, the patient had clinical radiculopathy on the physical exam at C5-C6, corresponding imaging findings at C5-C6, and significant, lasting relief with previous CESI. As the requested approach was interlaminar thru C6-C7, a separate approach at C5-C6 would not be required as the C5-C6 could be addressed thru C6-C7 approach, thus the previous partial certification was appropriate as it would allow to address the C5-C6 level thru C6-C7. Therefore, the request for C5-C6 was not medically necessary.