

Case Number:	CM13-0015950		
Date Assigned:	10/11/2013	Date of Injury:	03/02/2012
Decision Date:	01/15/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/23/2013

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 and Pain Medicine and is licensed to practice in Florida. 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 34-year-old female who reported a work-related injury on 03/02/2012. The mechanism of injury was not noted. The patient's diagnoses are listed as degeneration cervical IV disc, displaced cervical intervertebral disc, brachial neuritis/radiculitis, and tobacco use disorder. EMG and NCV report dated 12/12/2012 revealed a normal study with no electrodiagnostic evidence of neuropathies, radiculopathy or peripheral polyneuropathy. MRI dated 10/28/2012 revealed mild disc desiccation at C5-6 with disc protrusion without any neural foraminal narrowing. Also, disc protrusion at C6-7 without any spinal stenosis or neural foraminal narrowing was noted. The patient has been treated with therapy, ice/heat packs, TENS unit, and medication. The request is for 2nd cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 2nd cervical epidural steroid injection (CESI): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Recent clinical documentation submitted for review stated the patient underwent a cervical epidural injection on 05/06/2013 which was noted to provide about 40% relief of the patient's bilateral shoulder and arm symptoms but only after some increased pain for the first couple of weeks. The patient stated that the injection began to wear off around 05/30/2013 with slowly progressing pain. The patient continued to complain of constant neck pain with radiation of the pain to the base of her skull. She stated her neck pain radiated to her shoulders as well as down both of her arms which had decreased to some degree since the cervical epidural injection. The patient also reported decreased numbness and tingling in both of her arms which had also decreased some since the cervical epidural injection. Physical exam of the cervical spine noted restricted range of motion with moderate tenderness over the cervical spinous processes mainly at the back of the neck. Deep tendon reflexes of the upper extremities were trace positive and symmetrical at the biceps, but the deep tendon reflexes are unobtainable at the triceps as well as the brachial radialis. Muscle strength testing of the upper extremities demonstrated grade 5 strength bilaterally except for the 1st dorsal interosseous muscle which had moderate grade 4 weakness bilaterally. The California Chronic Pain Medical Treatment Guidelines 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 to 8 weeks. There is a lack of documentation submitted noting objective documented pain and functional improvement following the first cervical epidural steroid injection. There were no functional improvements noted for the patient which could be objectively measured due to the cervical epidural steroid injection. There is also a lack of documentation noting an associated reduction of medication use for 6 to 8 weeks for the patient following the cervical epidural injection. There is also no clear documentation of cervical nerve root impingement by MRI or electrodiagnostic studies per guideline criteria. Given the above, the request for 2nd cervical epidural steroid injection (CESI); level unspecified is non-certified.