

Case Number:	CM13-0021896		
Date Assigned:	11/13/2013	Date of Injury:	06/07/2008
Decision Date:	01/13/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/09/2013

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 physical medicine and rehabilitation, has a subspecialty in interventional spinal 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.

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 43-year-old with a date of injury on 6/7/08. The progress report dated 1/23/13 by [REDACTED] noted that the patient continues with neck pain with radicular symptoms. She has a known cervical disc protrusion and previous cervical epidural injection that improved her symptoms by 50-60% for a period of 2-3 months. The patient has sensory deficit to light touch over the right C5 and C6 dermatomes. The patient's diagnoses include: C5-6 cervical disc protrusion; right cervical radiculitis; right wrist sprain/strain, rule out carpal tunnel syndrome; chronic reactive clinical depression; gastritis from chronic medication usage. The appeal letter dated 1/24/13 by [REDACTED] noted that the patient had failed extensive conservative therapy including physical therapy, chiropractic treatment, home exercise regimen, and requires renewal of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at the right C6-C6 with fluoroscopy and myelography:
Overturned

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 Injections (ESI's) Page(s): 46-47.

Decision rationale: The progress report dated 1/23/13 by [REDACTED] noted that the patient continues with neck pain with radicular symptoms. She has a known cervical disc protrusion and previous cervical epidural injection that improved her symptoms by 50-60% for a period of 2-3 months. The patient has sensory deficit to light touch over the right C5 and C6 dermatomes. The patient's diagnoses include: C5-6 cervical disc protrusion; right cervical radiculitis; right wrist sprain/strain, rule out carpal tunnel syndrome; chronic reactive clinical depression; gastritis from chronic medication usage. The appeal letter dated 1/24/13 by [REDACTED] noted that the patient had failed extensive conservative therapy including physical therapy, chiropractic treatment, home exercise regimen, and requires renewal of medications. The Chronic Pain Medical Treatment Guidelines states "repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Also required is documentation of radiculopathy by physical exam corroborated by imaging studies and symptoms initially unresponsive to conservative treatment. This case appears to meet the Chronic Pain Medical Treatment Guidelines requirements noted above. The request for one cervical epidural steroid injection at the right C6-C6 with fluoroscopy and myelography is medically necessary and appropriate.