

Case Number:	CM13-0022387		
Date Assigned:	03/14/2014	Date of Injury:	04/20/2012
Decision Date:	06/10/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/10/2013

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 & Rehabilitation has a subspecialty in Interventional Spine 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:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records. According to the report, the patient complains of constant pain in her head. She does not report any pain in her neck. The patient also complains of difficulty falling asleep due to pain, waking during the night due to pain. Examination of the cervical spine shows reflexes for the biceps are diminished bilaterally. The patient has a noted sensory deficit of the middle finger on the left with distorted superficial tactile sensibility corresponding to the C7 dermatome. The patient also has a noted sensory deficit of the medial forearm and hand in the 4th and 5th digits on the left with distorted superficial tactile sensibility corresponding to the C8 dermatome. There is motor deficit of the deltoid and biceps on the right and complete active range of motion against gravity with some resistance corresponding to the C5 myotome. At levels C4-C5, C5-C6, C6-C7, and C7-T1, palpation reveals moderate paraspinal tenderness bilaterally including moderate tenderness at the facet joints bilaterally as well as the suboccipital tenderness bilaterally. Foraminal compression test, distraction with relief of pain, Jackson's compression test, shoulder depressor test, and Valsalva's test are positive on both sides.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPEUTIC EPIDURAL STEROID INJECTION (ESI) OF THE CERVICAL SPINE AT C3-4, C4-5, C5-6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: This patient presents with chronic neck pain. The physician is requesting a therapeutic epidural steroid injection (ESI) of the cervical spine at C3-C4, C4-C5, and C5-C6. The MTUS guidelines page 46 and 47 on epidural steroid injections states, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." In addition, no more than two nerve root levels should be injected using transforaminal blocks. MTUS also states, "In the therapeutic phase, 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, with a general recommendation of no more than four blocks per region per year." The MRI of the cervical spine dated 09/06/2013 showed multilevel mild cervical spine spondylosis most prominent at C3-C4 and bilateral mild neural foraminal narrowing and a 4mm left C4 pedicle probable atypical hemangioma. The records show that the patient had three cervical epidural steroid injections in 2013, on 02/18/2013, 04/22/2013, and 05/13/2013. Following the last injection per 5/17/13 report, patient's pain subsided with no more migraines. However, no medication reduction is documented and no functional changes. The request is for 3 level injection which is not recommended per MTUS. Therefore, the request for therapeutic epidural steroid injection (ESI) of the cervical spine at C3-4, C4-5, C5-6 is not medically necessary and appropriate.