MAXIMUS Federal Services

Case Number:	CM13-0024231		
Date Assigned:	11/20/2013	Date of Injury:	07/02/2012
Decision Date:	01/10/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/13/2013

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 Internal Medicine, Pulmonary Diseases and Critical Care 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. 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 60-year-old female who reported an occupational injury on 11/05/2007. The patient's diagnoses include cervical radiculopathy, shoulder tendinitis/bursitis, elbow tendonitis/bursitis, and wrist tendinitis/bursitis. The patient's treatment history has included the use of braces for her wrists, medications, physical therapy, and activity modification. According to documentation submitted on 07/09/2013, the patient presented for evaluation with complaints of neck pain rated at 8/10 in severity. Cervical spine MRI from 02/20/2013 shows a 4 to 5 mm central disc protrusion and osteophyte formation at C5-6 causing mild to moderate left and mild right foraminal stenosis at C6-7 and C4-5. There is a left paracentral disc protrusion at C6-7 which is causing foraminal stenosis on the left. Objective documentation revealed limited extension and flexion of the cervical spine with tenderness and spasm over the cervical spine paraspinous area, more notably on the right side. The patient also demonstrated decreased sensation over the C6 distribution bilaterally and also in a patchy fashion over the C7 distribution on the right side. The patient's current medications include Ambien, Flexeril, Lexapro, Medrox patch, ibuprofen, vitamins, magnesium, Prilosec, and Ultram ER. The physician recommendation is for cervical epidural steroid injection at C6-7 x2 for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injections at C6-7 times 2: 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 Criteria for the use of Epidural Steroid Injections Page(s): 46.

Decision rationale: California MTUS indicates that epidural steroid injections are recommended to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs. Patients must have radiculopathy documented by physical exam and corroborated by imaging studies or electrodiagnostic testing. In addition, they must be unresponsive to conservative treatment including exercise, physical methods, NSAIDS, and muscle relaxants. While the documentation submitted for review does indicate the patient has subjective signs of cervical radiculopathy as indicated by neck pain, and that she rates a 8/10 in severity. She also describes as radiating to both upper extremities, with numbness and tingling. Also there is objective documentation of cervical radiculopathy, as evidenced by decreased sensation noted over the C6 distribution bilaterally and in a patchy fashion over the C7 distribution on the right side, with limited extension and flexion of the cervical spine. This is corroborated by an MRI done on 02/20/2013 and may very well benefit from a cervical epidural steroid injection. The request as written is for cervical epidural steroid injection at the C6-7 level x2. California MTUS specifically indicates that 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 6 to 8 weeks. Therefore, no more than 1 cervical epidural steroid injection can be certified at a time given that repeat injections should only be used contingent upon results from the previous injection. As such, this request cannot be supported and is therefore non- certified.