

Case Number:	CM13-0025591		
Date Assigned:	04/25/2014	Date of Injury:	02/09/1994
Decision Date:	06/10/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/18/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 52-year-old female presenting with neck pain and upper extremity pain as well as back and leg pain following a work-related injury on February 9, 1994. On July 31, 2013, the claimant complains of residual discomfort in the neck as well as pain in the low back. MRI of the cervical spine was significant for stenosis at C4-5, C5-6 and C6-7. The physical exam showed diffuse tenderness in the paracervical musculature but no evidence of any specific neurological deficit. The claimant has tried physical therapy. The claimant's relevant medications include ibuprofen. The claimant was diagnosed with cervical radiculitis/root compression and lumbar radiculitis/neuritis. There is a claim for one cervical spine selective nerve root injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE CERVICAL SPINE SELECTIVE NERVE ROOT INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 47.

Decision rationale: The California MTUS page 46 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The request was not specific to the level to be treated and the level or dermatome to be treated was not corroborated by evidence of radiculopathy on physical exam and/or electrodiagnostic study; therefore the requested service is not medically necessary.