

Case Number:	CM13-0026485		
Date Assigned:	11/22/2013	Date of Injury:	08/20/2008
Decision Date:	04/09/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

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 and is licensed to practice in Texas. 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 61-year-old female who reported a work-related injury on 08/20/2008 as a result of repetitive motion. The patient presents status post a prior cervical spine fusion with continued complaints of left hand pain. The clinical note dated 09/24/2013 reports that the patient was seen under the care of [REDACTED]. The provider documents the patient utilizes Flector patch, Zanaflex, trazodone, Lexapro, cetirizine, docusate, metoprolol, nifedipine, and lisinopril. The provider documents that the patient reports left upper extremity cervical spine pain, worsening over the past month, without precipitating events. The provider documents a review of imaging of the patient's cervical spine, which revealed that a C3 to C6 fusion was solid, but there was autofusion at C6-7 with bone spurs. The provider documented that the patient upon physical exam, had 5/5 motor strength noted throughout. Light touch sensation was decreased over the ring, and little finger, to the left side. The Spurling's testing was positive. The provider recommended electrodiagnostic studies to evaluate worsening left upper extremity radicular symptoms. The provider reports that the patient states cervical epidurals in the past afforded her good relief; however, caused swelling to the back. The provider recommended that the patient undergo a cervical epidural steroid injection and begin a trial of Norco 5/325.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection (ESI) to C7-T1: 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 injections (ESIs), Page(s): 46.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports that the patient continues to present with cervical spine pain complaints status post sustaining a work-related injury in 2008. The clinical documentation submitted for review failed to show evidence of official imaging studies of the patient's cervical spine. In addition, the provider documented that the patient previously utilized epidural steroid injections for her pain complaints, reporting positive efficacy; however, documentation of duration of pain relief and increasing objective functionality were not evidenced in the clinical notes reviewed. The Chronic Pain Guidelines indicate 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 six to eight (6 to 8) weeks, with a general recommendation of no more than four (4) blocks per region per year. The request for cervical ESI C7-T1 is neither medically necessary nor appropriate.