MAXIMUS Federal Services

Case Number:	CM13-0029075		
Date Assigned:	12/04/2013	Date of Injury:	12/18/1997
Decision Date:	02/06/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/24/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Californai and 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 56-year-old male with a reported date of injury on 12/18/1997. The patient presented with right upper extremity pain, constant, stabbing and burning pain that radiated to the fingers, radicular pain in the right upper extremity, decreased sensation over the C5-6 nerve distribution, decreased grip strength and dexterity, limited cervical spine range of motion, and decreased biceps reflex. The patient had diagnoses including chronic low back pain, lumbar radiculopathy, right, lumbar disc pain, and facet disease, right SI joint pain, myofascial pain syndrome, cervicalgia with cervical spondylosis, cervical radiculopathy on the right, right trochanteric bursitis, right ulnar nerve impingement, opioid dependency with efficacy and depression/anxiety due to chronic pain. The physician's treatment plan included a request for a cervical epidural steroid injection, right side, C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Cervical Epidural Steroid Injection, Right Side C5-C6: 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 Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The California MTUS guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and muscle relaxants). The guidelines note no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. The Magnetic Resonance Imaging (MRI) of the cervical spine performed on 03/22/2012 noted degenerative disc disease, C5-6, with mild posterior disc bulge with effacement of subarachnoid space without cord impression with no other demonstrable posterior disc bulge at C2-T1 level. The patient had decreased sensation over the C5-6 nerve distribution, decreased grip strength and dexterity, and decreased biceps reflex as well as radicular pain in the upper extremity. It was noted the patient underwent a cervical epidural steroid injection in the past, which was noted to be helpful. However, within the provided documentation, the requesting physician did not indicate at which level the prior injection occurred. The requesting physician did not include adequate documentation of significant objective functional improvement with the prior injection as well as decreased medication usage. Therefore, the request for cervical epidural steroid injection, right side, C5-6, is neither medically necessary or appropriate.