

Case Number:	CM13-0029228		
Date Assigned:	03/19/2014	Date of Injury:	09/29/2010
Decision Date:	04/14/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/24/2013

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient is a 61 year old male was involved in an MVA at work in which he was hit from behind on 9/29/10 causing neck injury. There is a request for a cervical epidural steroid injection. The documentation submitted reveals that patient has had 2 cervical epidural injections x 2 in 2011 and 4 in 2012. An EMG from 8/19/11 revealed bilateral C6 radiculopathy, left C7 radiculopathy and bilateral carpal tunnel, ulnar neuropathy and bilateral ulnar neuropathy. A cervical MRI dated 8/22/11 revealed multiple level diffuse disc displacement with thecal sac effacement and bilateral neural foraminal narrowing at C5-6, with encroaching nerve roots bilateral and stenosis at C6-7. Documentation submitted reveals that the patient had a cervical epidural translaminar injection at C7-T1 on 4/01/13. On 4/15/13 the doctor noted that the worker had over 50% pain relief. A 6/1/13 office visit states that the patient complained of neck pain that radiates to his shoulders, arms and hands. The pain is increasing and is now constant. Patient was advised to have a cervical epidural injection which has helped to reduce patient's neck pain in the past. A physical exam revealed that the neck range of motion was painful. Cervical flexion was painful and restricted; flexion was 30 degrees, extension was 10 degrees, lateral rotation 20 degrees bilaterally and lateral side bends 15 degrees bilaterally. There was no deformity. There were tender facet joints bilateral C3-4, C4-5, C5-6 and movements were restricted and painful. There were spasms in the trapezius and paravertebral muscles bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ESI, 46

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The Expert Reviewer's decision rationale: A cervical epidural steroid injection is not medically necessary per the MTUS guidelines. Per guidelines in the therapeutic phase a patient must have continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The documentation does not reveal evidence of a sustained period of pain relief for at least 6 to 8 weeks. There is no significant sustained improvement in analgesia and no functional improvement documented. Patient had a cervical translaminar C7-T1 epidural injection on 4/1/13 and a document dated 6/1/13 reveals that he is having increasing pain and symptoms. In the case of diagnostic blocks guidelines state that a second block should not be given if there is inadequate response to the first block. The request for a cervical epidural injection is not medically necessary.