MAXIMUS Federal Services

Case Number:	CM13-0032542		
Date Assigned:	01/03/2014	Date of Injury:	01/04/2009
Decision Date:	03/18/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/08/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Washington DC, Florida, and 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 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 55-year-old male who sustained an industrial-related neck injury on 01/04/09 while driving a forklift. In a comprehensive medical-legal evaluation report dated 09/19/13, the patient presented with bilateral lower neck pain which radiated to the left shoulder, left triceps, left ulnar forearm, and left hand in a radicular pattern with numbness and paresthesias in the bilateral ha.nds. The patient's current medications include Percocet, Flector patch, and Robaxin. The patient was noted to have had a history of bilateral rotator cuff surgery and anterior cervical discectomy and fusion at C5-6 and C6-7. Physical examination revealed 2+ edema with tenderness of the left medial and right lateral epicondyles; positive Tinel's of the left ulnar groove; cervioal, elbow, and shoulder ranges of motion were restricted by pain; positive cervical discogenic and shoulder provocative maneuvers; positive left nerve root tension signs; left wrist extensors and hand intrinsics strength at 4+/5; left deltoid and left grip strength at 4/5 and sensation was decreased to light touch, pinprick, proprioception, and vibration of the left upper extremity. The patient was diagnosed with left medial epicondylitis and ulnar neuritis; anterior cervical discectomy and fusion at C5-6 and C6-7; bilateral C6 and C7 radiculopathy with bilateral upper extremity weakness; central and right lateral elise protrusion at C6-7 displacing the right C7 nerve root; bilateral C6-7 neural foramina stenosis, severe on the right and moderate on the left; bilateral CS-6 neural foramina stenosis, moderate to severe on the right and moderate on the left; central and right lateral disc protrusion at C5-6; central and left paracentral disc protrusion at C3-4 with mild bilateral neural foramina! stenosis; cervical facet joint arthroplasty from C2-7; right lateral epicondylitis due to compression from the left upper extremity industrial pain and left shoulder internal derangement and traumatic arthritis. [redacted] noted that the patient received 70% relief from the cervical transforaminal epidural steroid injection performed

on 02/07/13 for his left upper extremity radiculopathy. The patient stated that the relief lasted for about 5 months. The patient was then recommended for repeat left C5-6 cervical transforaminal epidural steroid injection; for a one-time psychological consultation for psychological clearance for a percutaneous spinal cord stimulator, and was given refills of Percocet. The request is for repeat left C5-6 cervical transforaminal epidural steroid injection which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left C5-6 cervical transforaminal epidural steroid injection: 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 Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic)(Updated 3/7/2014)-Epidural steroid injections (ESIs).

Decision rationale: With regards to request for Cervical Epidural Steroid Injection, the guideline is not supportive. In this case, the patient had a previous ESI on 02/07/13 and the documentation does not support a reduction in pain medication or increase in function. There is no clear documentation of a 50% pain relief for 6 to 8 weeks. Therefore, based on evidence-based guidelines and medical evidence provided, this req1uest has been determined to not be supported for medical necessity. In the medical report dated December 19, 2013, [redacted] noted- I recommend a percutaneous spinal cord stimulator trial to treat the patient's left upper extremity radiculopathy secondary to the patient's failed neck surgery that has failed physical therapy, NSA!Ds, epidural steroid injection, and cervical discectomy and fusion. The patient has been psychologically cleared by [redacted] on 12/10/2013. Thereof0re the request for Cervical Epidural Steroid Injection is not medically necessary. According to the guidelines, 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)