

Case Number:	CM13-0034763		
Date Assigned:	01/03/2014	Date of Injury:	02/25/2011
Decision Date:	04/18/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/15/2013

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 and Pain Management and is licensed to practice in Texas and Ohio. 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 patient is a 56-year-old female who reported an injury on 02/25/2011. The mechanism of injury was not provided for review. The patient underwent an MRI of the cervical spine in 04/2013 that documented the patient had moderate cervical spondylosis prominently at the C5-6 with severe left and moderate right neural foraminal narrowing. The patient's treatment history included an epidural steroid injection in 08/2013 that provided 50% to 70% sustained pain relief and allowed for improved function and walking ability, sleep, and range of motion. The patient's most recent clinical evaluation dated 10/11/2013 documented that the patient had intact sensation from the C5 to the T1 dermatomes bilaterally with 5/5 motor strength. The patient had tenderness to palpation along the cervical paraspinal musculature with a positive left sided Spurling maneuver. The patient's treatment plan included a pain management referral, continuation of a TENS unit, continuation of a home exercise program, and continuation of medications. A request was made for 2 additional cervical epidural steroid injections 2 weeks apart.

IMR ISSUES, DECISIONS AND RATIONALES

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

#2, #3 CERVICAL SPINE EPIDURAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46.

Decision rationale: The requested #2, #3 cervical epidural steroid injections are not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommend epidural steroid injections for patients who have documentation of radicular symptoms upon physical exam that are corroborated by an imaging study and have failed to respond to conservative treatments. The patient's most recent clinical documentation submitted for review does not specifically identify neurological deficits that correlate with specific dermatomal distributions. The clinical documentation does indicate that the patient previously underwent a cervical epidural steroid injection that provided 50% to 70% pain relief and improved function. However, the California Medical Treatment and Utilization Schedule recommend an improvement in symptoms for at least 6 to 8 weeks. The clinical documentation does not specifically identify duration of pain relief. The clinical documentation submitted for review does indicate that the request for treatment of the #2 and #3 cervical epidural spinal injections be approximately 2 weeks apart. The California Medical Treatment and Utilization Schedule recommend additional injections after 6 to 8 weeks. Also, the California Medical Treatment and Utilization Schedule do not support a series of 3 injections. No more than 2 epidural steroid injections are recommended. Also, the request as submitted does not specifically identify a level of treatment. Therefore, its appropriateness cannot be determined. As such, the requested #2, #3 cervical spine epidural are not medically necessary or appropriate.