

Case Number:	CM13-0041705		
Date Assigned:	12/20/2013	Date of Injury:	05/09/2007
Decision Date:	03/31/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/30/2013

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 & Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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 reported a date of injury of 05/09/2007. The listed diagnoses per [REDACTED] dated 10/30/2013 are: (1) Cervical strain, chronic, (2) Degenerative disk disease cervical spine, (3) Rule out herniated disks cervical spine, (4) Radiculitis bilateral upper extremities, (5) Low back pain chronic, (6) Degenerative disk disease lumbar spine. According to report dated 10/30/2013 by [REDACTED], the patient presents with low back pain and neck pain which she feels is getting worse. The patient states she has moderate to severe pain rated at 6/10 to 8/10. Objective findings of the cervical spine show positive tenderness over the paracervical muscular. Motor testing is 5/5 to all muscle groups of upper extremities and range of motion of the cervical spine shows decreased with flexion and extension, and lateral bend.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-4.

Decision rationale: This patient presents with continued low back and neck pain. Physician is requesting a cervical epidural steroid injection. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain". It goes on to state under criteria for use, "Current research does not support series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections". For repeat injections during therapeutic phase, "Continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year". In this case as medical records document, the patient has already received 2 ESIs dated 08/14/2013 and 09/25/2013. Progress report following immediately after the 08/14/2013 injection states patient received "approximately 10% relief". Progress report dated 10/02/2013 following immediately after the 09/25/2013 injection states, "She states she has not had any substantial relief and continues to have pain with extension of the neck." It is not known why the physician continues to request a treatment that has failed to do anything in the past. The requested cervical ESI is not medically necessary and recommendation is for denial