

Case Number:	CM13-0042702		
Date Assigned:	12/27/2013	Date of Injury:	01/01/2008
Decision Date:	04/24/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/30/2013

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 Occupational Medicine 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 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 applicant has filed a claim for chronic neck pain associated with an industrial injury of January 1, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; a TENS unit; earlier cervical epidural steroid injections in 2009, 2010, and June 2013; and reported return to part-time work with a 15-pound lifting limitation. In a December 10, 2013 progress note, the applicant is described as reporting persistent neck pain. She is working with lifting limitations in place. She is on Norco, aspirin, and Voltaren. She is working part time with a 15-pound lifting limitation in place, it is stated. The applicant apparently declined to pursue a cervical fusion surgery. She has a medical marijuana card but does not use it often, she states. She is smoking one pack of cigarettes a day, however. Limited cervical range of motion is noted. An earlier cervical MRI of March 13, 2013 is notable for Final Determination Letter for [REDACTED] 3 stable right paramedian subligamentous disk herniations, multilevel, at C5-C6, C6-C7, and C7-T1. There is evidence of effacement of the right ventral cervical cord at C5-C6, it is stated. The attending provider again states that the applicant should pursue a selective nerve root block/epidural injection at C5-C6. It is again stated that she is working on a part-time basis. Traction, home exercises, Norco, and Lorzone are endorsed. An earlier note of March 4, 2013 is notable for comments that the applicant felt no relief from an earlier right C7 epidural injection in January 2010. In a later note of April 8, 2013, the applicant is again described as reporting neck pain radiating to the right arm. The applicant's primary treating provider states that earlier epidural steroid injections targeted the C6-C7 level while the applicant's MRI actually shows that the bulk of her pathology is at the C5-C6 level. A subsequent note of October 14, 2013 is notable for comments that the applicant underwent an epidural steroid injection in June 2013 which provided her with excellent

pain relief for at least three months. She now reports heightened neck pain radiating to the right arm with tingling appreciated about the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT CERVICAL EPIDURAL INJECTION AT C5-C6: Overturned

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 Chronic Pain Medical Treatment Guidelinesm, Epidural Steroid Injections, Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection therapy is indicated in the treatment of radiculopathy, particularly that which is electrodiagnostically and/or radiographically confirmed. In this case, the applicant does have evidence of radiographically confirmed radiculopathy with disk herniation at C5-C6 generating associated impingement on the cervical cord. The applicant did reportedly achieve the requisite pain relief for a period of several months following prior injection. The applicant has returned to part-time modified work, it is further noted. Thus, there is evidence of functional improvement as defined in MTUS 9792.20f along with the requisite pain relief following an earlier epidural steroid injection at the C5-C6 level in June 2013. A repeat cervical epidural steroid injection is therefore indicated. The request is certified, on independent medical review.