

Case Number:	CM13-0048365		
Date Assigned:	12/27/2013	Date of Injury:	12/07/2005
Decision Date:	02/28/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/05/2013

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 Spine Surgery and is licensed to practice in New York. 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:

To the patient is a 53-year-old male with the date of injury of December 7, 2005. The patient complains of chronic low back pain and neck pain that radiates into the bilateral upper gym knees and to the hands and fingers. The neck pain is associated with tingling and numbness. Patient reports his pain is 8/10. The patient has had cervical epidural steroid injection performed October 2011 with significant improvement for more than 6 weeks. On physical examination the patient has myofascial tenderness to palpation. Range of motion of cervical spine is reduced secondary to pain. Sensation reveals decreased touch sensation in the right upper extremity and left upper extremity in the C6-7 dermatome. MRI lumbar spine from June 2012 shows degenerative disc condition with some evidence of spinal stenosis. EMG/NCS (Electromyogram and Nerve Conduction) Study shows positive C7 radiculopathy. Patient has had medications, activity modification and physical therapy. Patient has also had trigger point injections. At issue is whether additional cervical epidural steroid injections her medically necessary. $\hat{a}z\hat{i}$

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 1 Bilateral Cervical Epidural Injection at C5-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Page(s): 46.

Decision rationale: This patient is not meet established criteria for repeat epidural steroid injection. Specifically, the patient does not have a documented radiculopathy on physical examination. There is a studies indicate C7 radiculopathy, but this is not confirmed on physical examination. In addition, repeat blocks should only be done if the initial block is obese 50% pain relief and reduction of medication for at least 6-8 weeks after injection. In this case, the patient underwent cervical Epidural Steroid Injection October 2011 with significant improvement from within 6 weeks. However the records do not provide any documentation of 50% improvement or better. There is no VAS (visual analog pain scale) improvement documented. Is unclear to what degree the patient's pain and function improved after the first epidural steroid injection. Since this is not documented, the patient does not meet established criteria because the first epidural injection does not have documented greater than 50% pain reduction. Criteria for repeat epidurals steroid injection are not met.