

Case Number:	CM13-0048437		
Date Assigned:	12/27/2013	Date of Injury:	02/15/2008
Decision Date:	06/04/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/06/2013

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 Anesthesiology has a subspecialty in Pain Management 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 patient is an employee of [REDACTED] and has submitted a claim for brachial plexus injury and injury to the nerve roots associated with an industrial injury date of February 15, 2008. Treatment to date has included oral and topical analgesics, muscle relaxants, cervical epidural steroid injections, trigger point injections, TENS, acupuncture and physical therapy. Medical records from 2013 were reviewed and showed neck pain radiating to the right shoulder, arm and fingers with numbness and weakness. This was accompanied by cervical myofascial tension with muscle spasm, occipital headaches and migraine headaches. The pain was described as dull, tingling at rest, while sharp and stabbing during activities which are alleviated by rest, stretching and medications. Physical examination showed tenderness and spasm over the base of the cranium to T1 that included the trapezius; limitation of motion of the cervical spine; and diminished sensation at the right upper extremities. There were also trigger points in the cervical muscles, occipital muscles, trapezius, and the levator scapulae muscles. The patient received two cervical epidural steroid injections; the last one was 2013, which provided significant pain relief and reduction of medication intake by 30%. An MRI was done on 2013, however no result was available. Utilization review dated October 24, 2013 modified the request for cervical epidural steroid injection into cervical epidural steroid injection C5-6 bilaterally because this is the involved level. It was noted that prior epidural injections provided relief, thus, a repeat ESI is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS, (ESIs), Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS, (ESIs) Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, repeat epidural steroid injection 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. No more than two nerve root levels should be injected using transforaminal blocks; and no more than one interlaminar level should be injected at one session. In this case, the patient complaints of chronic neck pain with radiculopathy to the upper extremities for which he received 2 cervical epidural steroid injections, the last one was on 2013. This provided significant pain relief and has reduced medication intake, however the documents submitted did not provide objective evidences of functional improvement that would support the subjective claims. Moreover, the request did not indicate the level for cervical ESI. It was unclear what or how many nerve root level/s would be injected. Therefore, the request for cervical epidural steroid injection is not medically necessary.