

Case Number:	CM13-0053574		
Date Assigned:	12/30/2013	Date of Injury:	07/28/2011
Decision Date:	03/12/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/18/2013

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 and Rehabilitation, has a subspecialty in Pain 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 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 injured worker is a female patient who sustained an industrial injury on July 28, 2011. The patient has chronic neck pain and low back pain. Physical examination reveals decrease sensation in the C6 and C7 dermatomes with numbness and tingling in the hands. The patient has tried medication management, physical therapy, and activity modification. Cervical MRI performed on September 3, 2013 documented disc bulges at multiple levels including C3-4, C5-6, C6-7. There is neuroforaminal narrowing at C6-7 x 2. The disputed issue in this case is a request for cervical epidural steroid injection. A utilization review determination on October 24, 2013 had modified the epidural to only one rather than a series of two. The rationale for this was that the second injection or any "repeat injection is dependent upon the outcome of the first injection."

IMR ISSUES, DECISIONS AND RATIONALES

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

series of 2 Cervical Epidural Steroid Injection at C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injection Page(s): 47.

Decision rationale: The request is for a series of 2 cervical ESI's. Regarding the case of this injured worker, there is documentation on physical examination consistent with a C6 and C7 radiculitis. Furthermore, cervical MRI demonstrates some compromise of the exiting nerve roots at these levels. It is noted that electrodiagnostic studies to demonstrate radiculopathy, but electrodiagnostic studies lack sensitivity for radiculopathy is that primarily involve sensory components only. Given the guidelines, a cervical epidural steroid injection is appropriate. However the guidelines do specify that repeat injection is contingent on the results of the first epidural steroid injection. Therefore the utilization review determination is upheld and only one cervical epidural steroid injection is recommended at the present time.