

Case Number:	CM13-0062068		
Date Assigned:	12/30/2013	Date of Injury:	08/20/2008
Decision Date:	05/16/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/05/2013

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 Physical Medicine and 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 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 a 61 YO female with date of injury of 08/20/2008. The listed diagnoses per [REDACTED] dated 11/19/2013 are mood disorder, Carpal Tunnel Syndrome, Entrapment Neuropathy U Limb and cervical radiculopathy. According to the report, the patient complains of neck and left upper extremity pain. She reports her pain has increased since her last visit. She also reports increased headaches for several minutes with no aura. The patient describes her neck pain as burning with spasms at a level of 6.5/10. She rates her left upper extremity pain 4/10. The physical exam shows range of motion is restricted due to pain in the cervical spine. There are spasms, tenderness and a tight muscle band noted on both side of the paravertebral muscles. Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremities with a burning sensation to the cervical and upper trap region. Light touch sensation is decreased over the ring ringer and little finger, on the left side. The provider is requesting a spine surgeon referral and a cervical epidural steroid injection at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

A CERVICAL EPIDURAL STEROID INJECTION AT C7-T1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47.

Decision rationale: This patient presents with chronic neck pain and left upper extremity pain. The provider is requesting a cervical epidural steroid injection at C7-T1. The California MTUS guidelines page 46 and 47 on epidural steroid injections states, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Furthermore, California MTUS states, "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with a general recommendation of no more than 4 blocks per region per year." The MRI of the cervical spine dated 05/29/2013 showed anterior osteophyte that was flowing across the disc space at C6-7, along with facet arthropathy. The EMG report dated 11/15/2013 shows probable left C7-T1 cervical radiculopathy with evidence of on-going denervation. The patient's examination from 11/19/13 showed a positive Spurling's Maneuver causing pain radiating to the upper extremities, allodynia and a burning sensation to the cervical and upper trap region. Records also show that the patient underwent a cervical epidural injection in 2011 and reported 50% relief; however, it caused swelling to her back. In this case, the documentations do not show the duration of pain relief as it relates to an epidural steroid injection. No functional improvements were documented and medication reductions were not documented either. Recommendation is for denial.