

Case Number:	CM13-0063059		
Date Assigned:	12/30/2013	Date of Injury:	08/07/2012
Decision Date:	05/22/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/09/2013

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 is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of cervical spine of October 10, 2013, notable for degenerative change at C5-C6 and C6-C7, with evidence of a broad-base C7 disk protrusion causing mild lateral recess stenosis at the C6-C7 level; muscle relaxants; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of November 20, 2013, the claims administrator denied a request for a cervical epidural steroid injection, stating that there was no clear evidence of cervical radiculopathy, either radiographically or clinically. The applicant's attorney subsequently appealed. Authorization was sought for a cervical epidural steroid injection on October 21, 2013. The applicant was described as having persistent neck pain with intact motor function about the upper extremities. The applicant's cervical spine complaints were not clearly detailed. The attending provider did seek authorization for an epidural steroid injection at C6-C7. Tizanidine was refilled. In a progress note of July 8, 2013, the applicant did report persistent neck pain radiating to the left hand with associated numbness about the same. The applicant apparently had diminished left upper extremity sensorium, including about the lateral forearm and digits on that date. The applicant apparently underwent the contested cervical epidural steroid injection in question on January 29, 2014. Based on the survey of the file, this did appear to represent a first-time epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL SPINE EPIDURAL INJECTION C8-C7 RIGHT SIDE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS Page(s): 46.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that cervical epidural steroid injections are recommended in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the applicant did have some radiographic evidence of a disk protrusion at the level in question generating associated neuroforaminal stenosis which might, in fact, account for the applicant's ongoing complaints of neck pain radiating into the left arm, with associated hypesthesia and dysesthesia noted about the same. The applicant had complaints of neck pain radiating in the arm, with associated hyposensorium appreciated about the same. The Guidelines do support up to two (2) diagnostic epidural steroid injections. In this case, the request in question did represent a request for a first-time epidural block. Therefore, the original utilization review decision is overturned. The request is medically necessary, and meets guideline recommendations.