

Case Number:	CM13-0064487		
Date Assigned:	01/03/2014	Date of Injury:	04/22/2011
Decision Date:	05/23/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/11/2013

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 & Rehabilitation 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 injured worker is a 50-year-old male who reported injury on 04/22/2011. The mechanism of injury was not provided. The diagnosis was cervical disc protrusion at C4-5 and bulges at C5-6 as well as C3-4. The documentation of 10/08/2013 revealed the injured worker had a cervical epidural steroid injection which relieved 80% of pain. The pain score was a 2/10 to 6/10 on the visit of 04/04/2013. The physical examination revealed that the injured worker had motor strength 4/5 on the right for grip strength and sensation to light touch was diminished on the right C6-7 dermatomes. The injured worker had increased sensitivity to pin prick and temperature on the right at C6 and the deep tendon reflexes were 1+ in the bilateral biceps, triceps and brachioradialis. The Spurling's test was positive on the right side. Greater or lesser occipital nerve tenderness was noted with positive concordant pain on the right side. The diagnoses included cervical myofascial pain in response to upper extremity injury and cervical disc protrusion with right upper extremity radiculopathy with electrodiagnostic evidence. The office note indicated the injured worker had an MRI of the cervical spine, had electrodiagnostic studies on 03/13/2012 which revealed C5-6 right sided radiculopathy. The documented treatment plan included a translaminar cervical epidural steroid injection. The subsequent documentation of 10/29/2013 revealed the injured worker had 80% pain relief after the epidural steroid injection for more than 6 months and had improvement of function.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL INJECTION AT THE C7-T1 LEVELS UNDER FLUROSCOPY: Upheld

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 section on Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines recommend for repeat epidural steroid injections there must be objective documented pain relief and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The clinical documentation submitted for review both by way of the office note and the appeal indicated the injured worker had 80% pain relief after the epidural steroid injection for 6 months and was functionally improved. However, there was lack of documentation of objective functional improvement and associated medication reduction for 6 to 8 weeks. The request as submitted failed to indicate the laterality for the requested injection. Given the above and the lack of documentation of exceptional factors, the request for a cervical epidural injection at C7-T1 level under fluoroscopy is not medically necessary and appropriate.