

Case Number:	CM13-0067556		
Date Assigned:	01/03/2014	Date of Injury:	03/28/2002
Decision Date:	05/23/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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:

This is a 55-year-old female who sustained a work related injury on 03/28/2002 to her cervical spine. Mechanism of injury is unknown. She was diagnosed with cervical disc displacement with radiculitis and post laminectomy syndrome of cervical region. An Electromyography (EMG)/Nerve Conduction Velocity (NCV) performed on 07/30/13 reported evidence of mild chronic C6 radiculopathy on the left, as well as evidence of a mild bilateral carpal tunnel syndrome affecting sensory and motor components, in addition to mild-moderate bilateral cubital tunnel syndrome was demonstrated. A progress report dated 01/09/13 indicates patient is s/p 2 CESI and doing better with 60% pain relief, however continues with VAS pain level of 5/10. Furthermore, the patient is noted to be taking narcotic medications and was (+) for benzo and oxy combined with Percocet and valium medication that is reported to give her 50% pain relief as a result. Exam findings are restricted cervical ROM, +1DTR on left, sensation to light touch over C5-7 dermatome with +5/+5 upper extremity motor strength bilaterally. Diagnosis is cervical disc displacement with radiculitis and postlaminectomy syndrome of cervical region. A progress report dated 11/19/13 reported continued subjective complaints of pain, however, now reports bilateral neck pain with upper extremity weakness, heaviness, numbness, tingling and decrease with grasping and hand manipulation. Pain medication is continued and VAS levels are 8/10. Objective findings are unchanged from progress.

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 C5-6 AND C6-7: Upheld

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

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

Decision rationale: This is a request for cervical epidural steroid injection (ESI) at C5-6 and C6-7 for a 55 year old female patient with neck pain and radiating pain, numbness and weakness in the left upper extremity attributed to a work injury on 3/28/02. Electromyography (EMG)/Nerve Conduction Study (NCS) dated 7/30/13 shows mild C6 radiculopathy. The patient has had prior cervical epidural steroid injection with report of 60% pain relief though it is not clear that relief lasted for 6-8 weeks or led to a reduction in medication use. There does not appear to have a lasting reduction in pain or improvement in function. The timing and number of prior cervical ESI's is unclear from the available medical records. The most recent available clinic note also mentions improvement with conservative measures. It is not clear why two injection levels are being requested in this case. Medical necessity is not established.