

Case Number:	CM13-0068682		
Date Assigned:	01/03/2014	Date of Injury:	04/20/2006
Decision Date:	05/30/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/19/2013

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 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 43 year old male who was injured on 04/20/2006 while he was pulling a pallet, it became stuck in its position, as which time he pulled again in a backwards twisting motion. He then experienced a sharp pain in his low back. Diagnostic studies reviewed include MRI of the cervical spine with flex-ext dated 06/10/2013 reveals a left paracentral disc protrusion at C5-6 and C6-C7 that indents the spinal cord producing spinal canal narrowing. Pain management follow-up evaluation dated 11/01/2013 states the patient currently complains of cervical spine pain which he rates at 4-5/10. He notes that his pain has decreased since his last visit. He has undergone bilateral C5-C6 and C6-C7 transfacet epidural steroid injection on October 14, 2013 in which he received 80 to 90% relief for the first week after the procedure. After 3 weeks, he has approximately 50% relief after the procedure. He has no headaches and he experienced less pain from 8-9/10 down to 4-5/10. He is able to walk, bend, stoop, move and sit for a longer period of time. On examination, there is mild tenderness over the cervical paraspinal muscle extending to both trapezii; Axial head compression and positive bilaterally Spurling's sign. There is no tenderness to palpation. There is decreased sensation on bilaterally C6 and C7 dermatomes. Upper extremity muscle testing is 5/5 bilaterally and upper extremity reflexes are 2+ bilaterally. Diagnoses are cervical disc disease and cervical radiculopathy. The patient has been recommended to have a second C5-C6 and C6-C7 transforaminal epidural steroid injection bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TRANSFACET EPIDURAL STEROID INJECTION BILATERALLY AT C5-C6 AND C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI'S)..

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections to reduce pain and inflammation, restore range of motion, and avoid surgery. The patient is noted to have undergone a C5-6 and C6-7 ESI on 10/14/2013. Three weeks following the ESI, he is noted to have decreased pain of approximately 50% with increased functioning. His doctor requested a repeat injection on 11/1/2013. The guidelines state that 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 six to eight weeks. While the patient does have decreased pain, increased function, and decreased medication use, there has not been duration of success as outlined in the guidelines (6-8 weeks). The medical necessity for repeat ESI has not yet been established, and the request is not medically necessary and appropriate.