

Case Number:	CM13-0070296		
Date Assigned:	01/03/2014	Date of Injury:	11/30/2000
Decision Date:	06/05/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/24/2013

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 injured worker is a 57 year old male who reported an injury on 11/30/00. The mechanism of injury was continuous trauma. Per the clinical note dated 4/3/13, the injured worker reported continued pain rated at 7-8/10 with radiation of pain to the right arm, and numbness in the right arm and the bilateral hands. The injured worker reported a decrease in neck pain after an epidural steroid injection given on 12/10/12. He reported taking Norco as needed for pain 3-4 times a day and Motrin as needed. Per the physician, the injured worker had tenderness to the cervical and lumbar paraspinals, as well as the right trapezius. Range of motion to these areas was decreased, as was strength. There was decreased sensation to the bilateral C6, C7, and C8 dermatomes, right greater than left. Bilateral lower extremity sensation was intact. Diagnoses included degenerative disc disease of the cervical spine with radiculopathy, severe cervical stenosis, ongoing bilateral Final Determination Letter for IMR Case Number CM13-0070296 3 knee and shoulder complaints, bilateral elbow arthralgia, and status post lumbar L4-L5 fusion in 2007. Per the clinical note dated 4/2/13, the injured worker reported his pain at 9/10 without pain medication and 5-7/10 with medication. The note stated that the injured worker failed physical therapy and treatment with a TENS unit. He had bilateral shoulder surgeries for rotator cuff and impingement; however the dates were not provided. A positive Spurling's bilaterally was noted. Per the MRI dated 10/30/13, there were degenerative disc changes to the C4-C5 with a 2mm disc bulge, moderate right and severe left foraminal stenosis, and severe degenerative disc changes to the C5-C6 and C6-C7 with foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSLAMINAR CERVICAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: Per the California MTUS guidelines, epidural steroid injections (ESIs) are recommended as an option for the treatment of radicular pain; however, there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Most current guidelines recommend no more than two ESIs, and current recommendations suggest a second epidural injection only if partial success is produced with the first. 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 four blocks per region per year. Per the documentation provided, the injured worker still reported his pain at 7/10 after the injection and was still using narcotic pain medications 3-4 times per day, plus Motrin as needed. There was a lack of documentation addressing increased functional level or activities of daily living. In addition, there is a lack of documentation as to the location for the injection within the cervical spine. As such, the request is not medically necessary.