

Case Number:	CM13-0070882		
Date Assigned:	01/08/2014	Date of Injury:	02/27/2001
Decision Date:	06/02/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/26/2013

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 46 year old female who was injured on 2/27/01. The mechanism of injury was not provided for review. An MRI from 2011 showed disc herniation at C3-C7. A progress note dated 12/3/13 documented the patient to have complaints of mid back and neck pain. Her right hand is shaky. She rates her pain at 4/10, and the worst level is 7/10. The pain worsens with cold weather and vacuuming. Pain is moderately controlled with Dilaudid 6mg. The opiate/controlled substance is serving to reduce pain and improve her level of function. The patient has done very well with epidural steroid injections at the cervical and thoracic levels. It was decided to repeat these injections, and make a serious effort to start weaning off opiates. Her current medications include Valium 10mg, MS Contin 15mg, and Dilaudid 4mg. The patient admits to spasms, swelling, and joint stiffness. She has muscle aches and pain in the shoulder with painful joints and weakness. The patient is anxious and in a depressed mood. Objective findings on examination of the cervical spine reveal the range of motion is limited to 30 degrees of flexion with pain. Spurling's is positive on the right for radiating arm and shoulder pain. Her current diagnoses include brachial neuritis or radiculitis, thoracic or lumbosacral neuritis or radiculitis, unspecified mononeuritis of upper limb, degeneration of cervical intervertebral disc, unspecified myalgia and myositis, pathologic fracture of vertebrae, opioid dependence and unspecified abuse, lumbosacral spondylosis without myelopathy, and pain in the thoracic spine. Treatment recommendations included refilling Valium 10mg, stopping MS Contin 15mg, stopping Dilaudid 8mg, starting MS Contin ER 30mg, having a cervical epidural steroid injection, and having a thoracic epidural steroid injection at T11.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: According to 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. As such, the request is not medically necessary.