MAXIMUS Federal Services

Case Number:	CM13-0072590		
Date Assigned:	01/08/2014	Date of Injury:	04/04/2008
Decision Date:	04/22/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/31/2013

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, has a subspecialty in Pain Management 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 male patient of the date of injury of April 4, 2008. A utilization review determination dated December 13, 2013 recommend non-certification of a C6-7 cervical epidural steroid injection. The previous reviewing physician recommended noncertification of the cervical epidural steroid injection at C6-7 due to lack of documentation reporting a reduction in pain medication usage following a cervical epidural steroid injection administered in July 2013 also the requested level for the injection does not coincide with the documented physical findings. A progress note dated November 22, 2013 included subjective complaints of low back pain radiating into both hips and into both knees, also neck pain for 5 to 6 weeks with increased pain with rotation of head and numbness to his hands. It was also documented that the patient previously had a cervical epidural in July 2013 through a different pain management physician. The patient reported to have received approximately 60% relief of his pain complaints for 6 to 8 weeks. The patient reported a pain level of 7-8 on a 10 scale and it was also stated that his pain was reduced by 50% with his current pain medications. Objective findings included tenderness and spasm of the cervical extensors and as the trapezius muscles, decreased cervical range of motion, decreased sensation of the fourth and fifth digits of both hands, decreased strength of intrinsic muscles of both hands most noted at the fourth and fifth digits, negative straight leg raise bilaterally, lumbar paravertebral muscle tenderness, and decreased range of motion with flexion and extension. Diagnoses include lumbar degenerative disc disease with radiculitis and cervical degenerative disc disease with radiculitis. The treatment plan recommends a cervical epidural steroid injection at C6-7. A previous MRI of the cervical spine dated May 5, 2010 was noted, findings include 2 mm diffuse posterior disc bulge with bilateral unconvertebral osteophytes with moderate central canal stenosis and moderate to severe bilateral neuroforaminal stenosis and mild ventral impression upon the cord at the C6 and C7 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CERVICAL EPIDURAL STEROID INJECTION AT C6-7 UNDER FLUOROSCOPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Epidural Steroid Injections (ESIs) (Effective July 18, 2009) Page(s): 46 OF 1.

Decision rationale: Regarding the request for cervical epidural steroid injection C6-7, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of radiculopathy at the level requested (C7 dermatome). Additionally, there is no documentation of specific objective functional improvement and reduction in medication use as a result of the previous epidural steroid injection. In the absence of such documentation, the currently requested CESI C6-7 is not medically necessary.