

Case Number:	CM14-0001812		
Date Assigned:	01/22/2014	Date of Injury:	07/07/2006
Decision Date:	06/06/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/06/2014

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 & 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 51 year old male who reported an injury on 07/07/2006. The mechanism of injury was reported as neck pain related to heavy lifting. Per the clinical note dated 11/04/2013 the injured worker reported neck and bilateral upper extremity pain. The physician reported paraspinal muscle tenderness to the lower cervical spine with moderate limitation to range of motion due to pain. He further reported bilateral upper extremity reflexes at 2+ with intact sensation and strength at 5/5. The injured worker had a fusion at C5-C6, however the date was not provided. Per an electrodiagnostic study dated 05/01/2012 the injured worker had neuropathy to the right wrist and elbow but there was no evidence of cervical radiculopathy. Per the MRI dated 09/28/2012 there was no spinal or foraminal stenosis in the cervical spine and it was basically unchanged from a previous MRI dated 07/29/2009. The request for authorization for medical treatment was not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL C4-C5 TRANSFORAMINAL EPIDURAL STEROID INJECTIONS.:

Upheld

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

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

Decision rationale: Per the CA MTUS Guidelines epidural steroid injections are recommended as an option for 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 2 ESI injection and current recommendations suggest a second epidural injection only if partial success is produced with the first injection. 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Per the documentation provided an electrodiagnostic test performed on 05/01/2012 showed no radiculopathy to the cervical spine. In addition there is a lack of documentation regarding physical exam findings to support radiculopathy. There is a lack of documentation regarding physical therapy or a home exercise program. There is a lack of documentation regarding the pain medications use and efficacy. Therefore the request for a bilateral C4-C5 transforaminal epidural steroid injection is non-certified.