

Case Number:	CM14-0002574		
Date Assigned:	01/24/2014	Date of Injury:	11/03/2007
Decision Date:	06/24/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/07/2014

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 Occupational Medicine, 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 69-year-old who has submitted a claim for displacement of cervical intervertebral disc without myelopathy associated with an industrial injury date of November 3, 2007. The patient complains of headaches and neck pain radiating to the left shoulder with numbness and tingling sensation. EMG (electromyography)/NCV (nerve conduction velocity) studies of the bilateral upper extremities were obtained on January 17, 2011 and revealed bilateral chronic C5-6 radiculopathy and bilateral median nerve pathology at the wrist. An MRI was also done, and the findings suggest cervical degeneration. The diagnoses include cervical herniated nucleus pulposus and bilateral carpal tunnel syndrome status post bilateral carpal tunnel release. The patient received one ESI (epidural steroid injection) for the left C5-6 on March 19, 2013; and 2 ESIs for the left C4-5 on May 21, 2013 and June 11, 2013. The patient reports good relief following the ESIs. Physical examination of the cervical spine showed limitation of motion due to pain. There was also a reproducible pain in the left shoulder on neck extension. Treatment plan includes another cervical ESI. Treatment to date has included oral analgesics, splinting, cervical epidural steroid injections, right lateral epicondylectomy, bilateral carpal tunnel release, physical therapy and occupational therapy. Utilization review from December 19, 2013 denied the request for cervical epidural steroid injection under fluoroscopy because there was no documentation that the pain relief lasted for 6 weeks. Also, guidelines do not recommend a series of injections in the treatment of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIs),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009 Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. Current recommendations suggest a second epidural injection if partial success is produced with the first injection; a third ESI is rarely recommended. In this case, the patient has received three cervical ESIs which provided good relief. However, the percentage and duration of symptom improvement were not discussed. Repeat injections are only recommended when at least 50% pain relief was achieved for six to eight weeks. Furthermore, the request was not specific with regards to the level and laterality to be injected. The guideline criteria were not met. The request for a cervical ESI under fluoroscopy is not medically necessary or appropriate.