MAXIMUS Federal Services

Case Number:	CM14-0002726		
Date Assigned:	01/29/2014	Date of Injury:	03/12/2010
Decision Date:	06/27/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology, has a subspecialty in Pain 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:

This is a 44 year old female with a 3/12/2010 date of injury after a slip and fall while dining with a customer in a restaurant. A 1/8/13 progress report indicated the patient complained of persistent cervical pain with radiation to the arm. Exam findings revealed weakness in the left abductor pollicis brevis as well as decreased sensation in the left hand. A cervical MRI dated 9/20/10 revealed left C6-7 neuropathic impingement and mild compression of the C4-5 and C5-6 neural foramina. On 1/20/14, it is documented that the patient had a cervical epidural steroid injection in 2010 with good pain relief. The patient had another cervical ESI to C6-T1 on 1/30/13 and on 9/3013 it was noted the patient still had a 70% response and her neck and upper extremity radicular pain went from a 6-7/1- to a 3-4/10 for 8 months but her pain was returning and another cervical epidural was requested on that date. It is also noted she was able to cut down on her Norco by half during this time. Treatment to date: yoga, chiropractic care, cervical ESI (2010, 2013), medication, activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION (ESI) UNDER FLUOROSCOPY:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states 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. This patient has documented conservative treatment for her neck pain and radiculopathy. Her last cervical epidural was on 1/20/13 and documentation states the patient had 70% relief for 8 months with a reduction in her Norco by half. Her radicular symptoms subsequently returned and a repeat cervical epidural injection was warranted per MTUS guidelines. Therefore, the request for a cervical epidural injection was medical necessary.