

Case Number:	CM14-0003205		
Date Assigned:	01/31/2014	Date of Injury:	12/27/2011
Decision Date:	06/20/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/09/2014

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 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 53-year-old male who has submitted a claim for Displacement, Cervical Disc with Myelopathy associated with an industrial injury date of December 27, 2011. Medical records from 2013 were reviewed showing that the patient complained of neck and back pain with the neck pain radiating to occiput and bilateral trapezius, associated with tingling and numbness. On physical examination, tenderness was noted on the vertebral spine, trapezius and paraspinal muscles. Range of motion was limited on lateral bending, flexion and extension. Biceps reflex was decreased at the left. Sensation was diminished at the left lateral arm. MRI of the lumbar spine done on December 16, 2013 showed spondylosis causing moderate spinal stenosis at L4-L5 level and foraminal stenosis. MRI of the cervical spine done on December 06, 2012 showed multi-level spinal stenosis at the level of C3-C5. Treatment to date has included medications, 6 sessions of Physical Therapy and 1 session of Epidural Steroid Injection (ESI). Utilization review from December 27, 2011 denied the request for SECOND CERVICAL EPIDURAL STEROID INJECTION, C3-4 AND C4-5 because there was no noted functional improvement from the first dose of ESI done on December 02, 2013. In addition, MRI done on December 16, 2013 did not show radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND CERVICAL EPIDURAL STEROID INJECTION, C3-4 AND C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines epidural steroid injection (ESI) is a recommended option 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. 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. In this case, patient's manifestations are consistent with radiculopathy and corroborated by MRI findings of multi-level spinal stenosis. He underwent cervical ESI on 12/02/2013, and reported moderate relief of cervical pain. However, the guidelines clearly state that a second ESI may only be offered if there is at least 50% pain relief for six to eight weeks. The medical records submitted and reviewed did not provide evidence of such. Specific pain scale reduction is lacking. The medical necessity has not been established pending completion of documentation. Therefore, the request for SECOND CERVICAL EPIDURAL STEROID INJECTION, C3-4 AND C4-5 is not medically necessary.