

Case Number:	CM14-0003465		
Date Assigned:	01/31/2014	Date of Injury:	03/15/2010
Decision Date:	06/19/2014	UR Denial Date:	12/23/2013
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 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 an employee of [REDACTED] and has submitted a claim for cervical disc degeneration associated with an industrial injury date of March 15, 2010. Treatment to date has included oral analgesics, physical therapy, chiropractic therapy, acupuncture, and epidural steroid injection. Medical records from 2013 were reviewed and showed cervical pain and upper extremity pain. Physical examination showed severe limitation of motion, decreased muscle strength at 4/5, and hyporeflexia of the upper extremities. The diagnoses include cervical disc degeneration and cervical radiculopathy. The patient had received an epidural steroid injection in the past; however this caused her headaches and did not provide long-term relief. An MRI of the cervical spine revealed foraminal narrowing at the right C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CERVICAL EPIDURAL STEROID INJECTION AT C5-6: Upheld

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , , 46

Decision rationale: Page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines states that epidural steroid injection (ESI) is an option for treatment of radicular pain. Current recommendations suggest a second epidural injection if partial success is produced with the first injection. 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. In this case, the patient had received a previous cervical epidural steroid injection at an unspecified disc level; however, this did not provide long-term relief. As such, the request is not medically necessary.