MAXIMUS Federal Services

Case Number:	CM14-0004642		
Date Assigned:	01/24/2014	Date of Injury:	09/12/2012
Decision Date:	06/27/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/10/2014

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 Management 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 38-year-old male who has submitted a claim for cervical discogenic pain with left upper extremity radiculopathy, left shoulder internal derangement, thoracic disk bulge, borderline hypertension, hypothyroidism, and hyperlipidemia associated with an industrial injury date of December 23, 2013. The medical records from 2013 were reviewed. The patient complained of cervical pain radiating to both upper extremities, associated with numbness. Physical examination revealed bilateral cervical tenderness and spasm. Axial head compression test and Spurling's test were positive. Range of motion of the left shoulder was positive for pain upon extremes of flexion and abduction. Motor strength of bilateral upper extremities was normal. MRI of the cervical spine, dated October 9, 2012, revealed disks desiccation at C3 to C4, and C4 to C5 with small disk protrusions; no significant stenoses. The patient received two cervical epidural steroid injections, the first in April 2013. It provided him 60% pain improvement temporarily, resulting to increased ability to perform his activities of daily living. He likewise decreased his intake of pain medications. The treatment to date has included left rotator cuff repair, physical therapy, epidural steroid injections, chiropractic care, and medications such as, Flexeril, Motrin, Norco, and Nucynta. The utilization review from December 23, 2013 denied the request for interlaminar cervical epidural steroid injection at C4 to C5, left third injection because the most recent medical exam did not provide focal neurologic deficits that would corroborate clinical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERLAMINAR CERVICAL EPIDURAL STEROID INJECTION (CESI) AT C4-5, LEFT THIRD INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

Decision rationale: As stated on page 46 of California MTUS Chronic Pain Medical Treatment Guidelines, repeat epidural steroid injections (ESI) 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. In this case, patient had received two cervical epidural steroid injections, the first in April 2013. The exact date of second ESI was not disclosed. Epidural injections resulted to 60% pain improvement temporarily, resulting to increased functional abilities. The patient likewise decreased his intake of pain medications. However, there was no documentation concerning the duration of time that ESI provided pain relief. It is significant to determine whether the patient had met the criteria of pain improvement for 6 to 8 weeks. The medical necessity for a repeat ESI has not been established due to lack of information. Therefore, the request for interlaminar cervical epidural steroid injection (CESI) AT C4-5, left third injection is not medically necessary.