

Case Number:	CM14-0006111		
Date Assigned:	03/03/2014	Date of Injury:	11/04/2009
Decision Date:	06/30/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/15/2014

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, 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:

The patient is a 45 year old female who was injured on 10/12/2009 while she was trying to get her client up out of a wheelchair who grabber her around the neck. Prior treatment history has included on 04/17/2012, 10/16/2012 and 12/07/2012 the patient undergoing C7-T1 CESI and on 09/11/2012 lumbar medial branch. Diagnostic studies reviewed include MRI of the cervical spine dated 03/25/2010 revealing a C3-4 disc bulge, C4-5 disc bulge, C5-6 and C6-7 disc bulge and mild right neuroforaminal narrowing. An EMG/NCV dated 06/22/2010- C5 versus C6 nerve root irritation, mild, old, slightly worse right. On 01/24/2012 lumbar MBB L4-L5 bilateral. Progress report dated 10/31/2013 documented the patient with complaints of neck pain radiating from neck down left arm and back pain radiating from low back down right leg. Pain level has increased since the last visit. She is not trying any other therapies for pain relief. She states that medications are less effective. Her current medications include the following: Flexeril 7.5 mg, Naproxen 550 mg and Lidoderm 5% patch. Objective findings on examination of the cervical spine reveal abnormal curvature. Range of motion is restricted with flexion limited to 35 degrees, extension limited to 5 degrees, lateral bending bilaterally 30 degrees and lateral rotation bilaterally 45 degrees. The thoracic spine inspection revealed spasm and tenderness. Examination of the neck revealed no radicular symptoms on both the sides. Motor testing was limited. All the muscles of the body appear normal. All the muscles have normal tones. There is no hypotonia or hypertonia. Diagnoses: 1. Cervical radiculopathy 2. Cervical disc degeneration 3. Cervical pain 4. Diabetes Mellitus without mention of complication-type II 5. Mood disorder 6. Spasm of muscle The Utilization Review (UR) report dated 01/09/2014 denied the request for CESI at C7-T1 because it cannot be verified that the criteria are met for repeat therapeutic or diagnostic ESI. At present, based on records provided, and the evidence-based guideline review, the request is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

2ND OUTPATIENT CERVICAL EPIDURAL STEROID INJECTION AT C7-T1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

Decision rationale: As per CA MTUS guidelines, epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria for the use of ESIs stated by the guidelines include; "Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections". The medical report dated 10/31/2013 documents that the patient has received 3 previous sessions of C7-T1 CESIs on 12/07/2010, 04/17/2012 and 10/16/2012 with no supporting evidence of improvement. As the guidelines do not recommend more than 2 therapeutic ESI sessions; the medical necessity of another Cervical Epidural Steroid Injection at C7-T1 has not been established. The request is not medically necessary and appropriate.