

Case Number:	CM14-0006657		
Date Assigned:	03/03/2014	Date of Injury:	09/01/2010
Decision Date:	07/30/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/17/2014

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 Tennessee. 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 57-year-old female with a 9/1/10 date of injury. The mechanism of injury involved industrial injuries involving primarily her neck, shoulders, back, and arms. The emotional complications of pain and disability may have been adversely influenced by other disturbing events at work. In a note dated 2/20/14, the patient reported neck pain, stiffness, and muscle spasms daily. First ESI injection benefits were maintained, however, symptoms were returning with the same intensity. She also reported of continued daily bilateral shoulder pain, stiffness, and weakness with overall frequent mild pain. She reported her pain levels were rated at 8/10 without medications and 6/10 with medications. Cervical spine examination revealed active range of motion with mild to moderate decrease in all ranges with pain, myospasms, and positive shoulder depressions and positive cervical spine compression. The results of her cervical spine MRI scan which revealed neuroforaminal stenosis at C4-C5 bilaterally and nerve root compression at C5-C6. Diagnostic impression: Cervical disc disease, Cervical radiculopathy. Treatment to date: medication management, activity modification, ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND BILATERAL C4-C5 AND RIGHT C5-C6 TRANSFACET EPIDURAL INJECTION: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46. Decision based on Non-MTUS Citation AMA Guidelines (Radiculopathy).

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. A cervical MRI scan dated 6/4/13 revealed that (a) at C4-C5, there is a broad disc protrusion result in abutment of the cervical cord with moderate central canal narrowing; and (b) at C5-C6, there is a three-millimeter disc protrusion resulting in mild to moderate central canal narrowing. There is also a right foraminal spondylotic disc protrusion with abutment of the exiting right cervical nerve root. A supplemental report dated 1/10/14 showed that on 12/15/13 the patient received bilateral L4-L5 and right C5-C6 transforaminal ESI and noted 50-60% improvement in pain, active range of motion, numbness and tingling sensation into the bilateral upper extremities. The first ESI benefits lasted from 12/15/13 to 2/20/14. Guidelines support the use of a repeat ESI if at least 50% pain relief and if relief is maintained for at least six to eight weeks following the previous ESI. Therefore, the request was medically necessary.