

Case Number:	CM14-0007302		
Date Assigned:	02/07/2014	Date of Injury:	01/30/2002
Decision Date:	06/27/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/16/2014

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 Interventional Spine, 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 female with date of injury of 01/30/2002. The listed diagnoses per the provider dated 12/30/2013 are: cervicgia, degeneration of cervical intervertebral disks, myalgias and myositis, unspecified, encounter for therapeutic drug monitoring, long-term/current use of other medications, and osteoarthritis, unspecified whether generalized or localized, involving the lower leg. According to the report, the patient is complaining of increased neck and right arm pain consistent with cold weather flare-ups. She rates her pain at 6/10 and reports decreased range of motions. The examination shows the patient is well developed and well nourished. Muscle strength is +4/5 bilaterally and abnormal. Spurling's test for the cervical spine produces bilateral localized pain in the dermatome C4, C5, and C6. Shoulder depression testing to reproduce dural sleeve pain is normal. There is mild to moderate stiffness and soreness in the cervical spine as well as the mid-cervical spine and lower cervical spine. There is mild to moderate tenderness of the cervical spine. Active range of motion is abnormal with pain and restrictions. Sensation is normal in all areas tested. The utilization review denied the request on 01/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION AT C7-T1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Page(s): 46-47.

Decision rationale: This patient presents with chronic neck pain. The treating provider is requesting a cervical epidural steroid injection at C7-T1. The MTUS Guidelines on epidural steroid injections states, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." In addition, no more than two nerve root levels should be injected using transforaminal blocks. The MTUS also states, "In the therapeutic phase, 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 four blocks per region per year." The MRI (magnetic resonance imaging) of the cervical spine dated 10/02/2008 shows a 3mm diffuse disk osteophyte resulting in bilateral neuroforaminal narrowing at C7-T1. The operative report dated 02/22/2013 shows that the patient underwent an interlaminar epidural steroid injection at C7-T1. Following this procedure, the 04/30/2013 report documents, "Pain level is 5-7/10. She states the epidural steroid injections received two months ago produced significant relief of her neck pain." However, there were no changes in the use of pain medication, duration and intensity of pain reduction are not quantified. The MTUS requires 50% reduction of pain lasting at least 6-8 weeks along with reduction in medication usage. Thus, the recommendation is for denial.