MAXIMUS Federal Services

Case Number:	CM14-0007703		
Date Assigned:	02/10/2014	Date of Injury:	12/11/2007
Decision Date:	07/11/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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:

This is a 54-year-old female with a 12/11/07 date of injury. She injured herself when she tripped and fell. On 12/12/13, it was documented that the patient had a cervical epidural steroid injection (ESI) that provided 50% relief of her neck pain. She complains of severe low back pain radiates down the right lower extremity. Objective findings show weakness in the grip of the right hand and slightly decreased extension of the lumbar spine. MRI (magnetic resonance imaging) of the cervical spine on 6/8/13 states there are posterior disc protrusions at C3-4 and C4-5 with joint arthrosis resulting in foraminal narrowing and status post anterior cervical disc fusion thru C5-C7 levels without canal impingement. The diagnostic impression include status post cervical and lumbar fusion, cervical and lumbar degenerative disc disease with radiculitis. A utilization review decision dated 1/7/14 denied the request because the available documentation does not evidence criteria are met, with no reported C4-5 upper limb neurological deficits on exam and a lack of corroboration with diagnostics.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT CERVICAL EPIDURAL INJECTION, RIGHT SIDE C4-5 UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPDURAL STEROID INJECTIONS (ESIs).

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

Decision rationale: The CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (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, the 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. However, the time frame that the patient had pain relief for was not clearly documented, and guidelines require reduction of pain for at least 6 to 8 weeks. In addition, although the patient is noted to have radicular neck pain on examination, it is unclear how the physical exam is being localized to the C4-5 level. Therefore, the request for repeat cervical epidural injection, right side C4-5 under fluoroscopy is not medically necessary.