

Case Number:	CM14-0008524		
Date Assigned:	02/12/2014	Date of Injury:	05/28/2007
Decision Date:	07/03/2014	UR Denial Date:	12/18/2013
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 Anesthesiology 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 69 year old male who has submitted a claim for cervical degenerative disc disease, cervical spinal stenosis, lumbar degenerative disc disease and cervical herniated nucleus pulposus associated with an industrial injury date of July 6, 2001. Medical records from 2010-2014 were reviewed. The patient was treated for neck pain radiating to the upper extremities. Multiple cervical epidural steroid injections have been done which provided relief. The patient has recurrent complaints of intermittent pain on both hands and fingers. The pain was characterized as sharp, stabbing and burning especially on the right upper extremity. There was also associated numbness, tingling and grip weakness. Physical examination of the cervical spine showed no tenderness but with muscle spasm. There was a restricted range of motion on the cervical spine. Upper extremity sensation to light touch was diminished bilaterally on the tips of the ulnar 4 digits, C7 and C8 distribution. Upper extremity reflexes were normal. Motor and sensation was intact. MRI of the cervical spine, dated November 8, 2013, showed C4-C4 severe left, moderate right neural foraminal stenosis; C4-C5 severe bilateral neural foraminal stenosis; C5-C6 moderate severe right, moderate left neural foraminal stenosis; and C6-C7 severe bilateral neural foraminal stenosis. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, home exercise program, neck surgery, colon surgery, kidney surgery, carpal tunnel release, lumbar laminectomy, cervical discectomy, and epidural steroid injections of the lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL INJECTION AT C6-C7, T1 UNDER FLUOROSCOPIC GUIDANCE WITH EPIDUROGRAM AND ANESTHESIA: 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 Page(s): 46.

Decision rationale: As stated on page 46 of the MTUS Chronic Pain Guidelines, repeat epidural steroid injections 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 4 blocks per region per year. 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. In this case, the patient previously had multiple cervical epidural steroid injections which alleviated his pain. The most recent progress report dated December 11, 2013 states that the cervical epidural steroid injections gave the patient extended relief for a period of at least 4 months. However, objective pain relief measures were not documented. Evidence of functional improvement was also not documented. Moreover, there was no indication of reduced medication intake from the submitted medical records. In addition, there is no mention in the MTUS Chronic Pain Guidelines about the use of epidurograms and anesthesia with cervical epidural steroid injections. The MTUS Chronic Pain Guidelines' criteria have not been met. Therefore, the request is not medically necessary and appropriate.