

Case Number:	CM14-0009435		
Date Assigned:	02/14/2014	Date of Injury:	05/07/2008
Decision Date:	06/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/24/2014

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 Emergency Medicine and is licensed to practice in New York. 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 59-year-old female who was injured on May 7, 2008. The patient continued to experience neck pain bilateral arm pain. Physical examination was notable for positive axial head compression, positive Spurling sign, tenderness to the cervical paravertebral muscles, facet tenderness to palpation, C3-C6, decreased sensation to the C6 dermatomes, and normal motor strength. Magnetic resonance imaging (MRI) of the cervical spine, dated 2/16/11, showed a 3 mm anterolisthesis at C5-6 with central stenosis, and bilateral foraminal stenosis. Diagnoses included cervical disc disease, cervical radiculopathy, bilateral medial and lateral epicondylitis, and chronic pain. The patient received a transfacet epidural injection at C5-6 with 75% improvement at 4 weeks. Other treatments included exercise, electrical muscle stimulation, physical therapy, chiropractic therapy, and medications. Request for authorization for second bilateral C5-6 transfacet epidural steroid injections x 2 was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND BILATERAL C5-6 TRANSFACET EPIDURAL STEROID INJECTIONS, TIMES 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES- ESI's, , 46

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46.

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case, there is no documentation that the patient was suffering from radicular pain. MRI of the cervical spine does not corroborate the diagnosis of radiculopathy. Criteria for the use of epidural steroid injections have not been met. The request is not medically necessary.