

Case Number:	CM14-0105012		
Date Assigned:	09/24/2014	Date of Injury:	12/05/2011
Decision Date:	10/24/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/08/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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:

Section 1: The injured worker is a 50-year-old female who reported an injury on 12/05/2011. The mechanism of injury reportedly occurred when she was transferring a patient. Her diagnosis was cervical radiculitis secondary to a 4 mm-herniated disc at C4-5, C5-6, and C6-7. Her previous treatments included physical therapy, injections, and medications. Her previous diagnostics included x-rays, an MRI of the left shoulder, and MRI of the cervical spine, and nerve conduction and electromyography studies. Her surgeries included 2 intralaminar cervical epidural steroid injections at the C7-T1 level under fluoroscopy. On 05/13/2014, the injured worker complained of neck pain. She reported that the previous 2 cervical epidural steroid injections that she received helped her tremendously. The physical examination revealed 70 degrees of flexion of the neck and 70 degrees of extension. The motor strength of her deltoids was 5/5, biceps were 5/5, and wrist flexors and extensors were 5/5. Her medications included Tramadol, Butalbital, Phentermine, and Lorazepam. The treatment plan was for a third cervical epidural steroid injection with myelogram/fluoroscopy/conscious sedation at C6-7 times 1. The rationale for the request was that her previous injections helped her tremendously. The Request for Authorization form was submitted on 05/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3rd Cervical ESI with Myelogram/Fluoroscopy/Conscious Sedation at C6-7 times 1:
Upheld

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

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

Decision rationale: Based on the clinical information submitted for review, the request for a Third Cervical Epidural Steroid Injection with Myelogram/Fluoroscopy/Conscious Sedation at C6-7 times 1 is not medically necessary. As stated in the California MTUS Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain and most guidelines recommend no more than 2 epidural steroid injections. It is shown that on average, less than 2 injections are required for a successful ESI outcome. In addition, the guidelines indicate that there was a lack of evidence to make any recommendations for the use of epidural steroid injections to treat radicular cervical pain. The guidelines indicate that radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing, which the electrodiagnostic examination done in 2013 showed no evidence of cervical radiculopathy. Although it was noted that an MRI showed a 4 mm bulging disc at C4-5, C5-6, and C6-7, there was insufficient objective clinical documentation that corresponded with the MRI findings. The clinical documentation submitted for review did not show any neurological deficits to include decreased sensation and decreased motor strength, which was noted as 5/5 in the upper extremities in all the clinical notes. Furthermore, the request is for a third cervical epidural steroid injection; however, there was a lack of information that showed continuous documented objective pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. As such, the request for a Third Cervical Epidural Steroid Injection with Myelogram/Fluoroscopy/Conscious Sedation at C6-7 times 1 is not medically necessary.