MAXIMUS Federal Services

Case Number:	CM14-0107780		
Date Assigned:	08/01/2014	Date of Injury:	09/03/2003
Decision Date:	09/24/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 62-year-old female who submitted a claim for chronic pain syndrome, cervicalgia, and displacement of lumbar intervertebral disc without myelopathy associated with an industrial injury on 9/3/2003. Medical records from 10/27/2004 up to 4/10/2014 were reviewed showing continued cervical pain which was not characterized or rated in the recent progress reports. Physical examination showed limited cervical spine and lateral bending on the right side. There was tenderness of cervical facet joint C5-6, C6-7 bilaterally. Motor strength was 4 out of 5 on the right arm and bilateral trapezius muscles were tender. The most recent cervical spine MRI taken on 7/27/12 identified strengthening of the normal lordotic curvature and severe spondylosis from C3 to T1 with multilevel spinal canal and foraminal stenosis.Treatment to date has included Norco, Celebrex, gabapentin, ibuprofen, ranitidine, fexofenadine, lisinopril, amlodipine, diazepam, and promethazine. Utilization review on 6/25/2014 denied the request for cervical epidural steroid injections at C5-C6, C6-C7 series of 3 injections. There is no clear indication of radiculopathy at each of the requested levels and no indication if the patient has participated in a recent rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injections at C5-C6, C6-C7 series of 3 injecyions: Upheld

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

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

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) are recommended for patients with radicular pain that have been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and or electro diagnostic testing. No more than one interlaminar level should be injected at one session. 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. In this case, the patient was noted to have cervicalgia however, recent progress reports did not document pain character and intensity. In addition, physical examination did not elicit symptoms of radiculopathy. Furthermore, diagnostic imaging did not show nerve root compromise. There is no documentation that the patient has undergone physical therapy to treat her cervicalgia. It is likewise not reasonable to certify 3 ESIs at this time because succeeding injection is dependent on efficacy of the previous block. The request is not medically necessary.