MAXIMUS Federal Services

Case Number:	CM14-0108468		
Date Assigned:	08/01/2014	Date of Injury:	04/08/2013
Decision Date:	10/01/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/12/2014

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 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 46 year old woman who sustained an injury to her neck when her work badge became caught in the refrigerator door and she had violent flexion movement to her cervical spine with severe neck pain and headaches. Prior treatment history has included cervical epidural steroid injections with steroid to C3-C4 and C4-C5 and this has provided her with some relief; 16 sessions of physical therapy. Prior medication history included Norco and ibuprofen.Diagnostic studies reviewed include CT of the cervical spine dated 07/10/2013 revealed focal stenosis at the left C3-C4 level. Progress report dated 06/05/2014 states the patient presented for an ortho consultation. She presented with severe symptoms and difficulty sleeping. She reported her activities are decreased. Her pain is located at the base of her neck and she also reported occipital frontal headaches. On examination of the cervical spine, there is tenderness to palpation over the paraspinous and trapezius, left greater than right with spasm. Cervical spine range of motion is restricted with flexion to 60; extension to 60; lateral 20/20; and rotation to 60/60. Assessment is cervical pain, degenerative disk disease of the cervical spine; and cervical HNP. The patient has been recommended for epidural steroid injection. Two prior ESI on 10/1/13 and 2/11/14 only provided transient neck pain relief. Prior utilization review dated 06/20/2014 by [redacted] non-certified the request for Cervical Epidural Steroid Injections (ESI) at Cervical 3-4, Cervical 4-5 under Fluoroscopy. Two prior ESI on 10/1/13 and 2/11/14 only provided transient neck pain relief based on the 6/5/14 progress note. Since guidelines recommend no more than 2 ESI in most cases, the medical necessity is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injections (ESI) at Cervical 3-4, Cervical 4-5 under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46.

Decision rationale: According to the CA MTUS, a nerve block (or epidural steroid injection) is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Repeat blocks should only be offered if there is at least 50% pain relief for 6-8 weeks with continued objective documented pain and function response. Two prior ESI on 10/1/13 and 2/11/14 only provided transient neck pain relief based on the 6/5/14 progress note. Since guidelines recommend no more than 2 ESI in most cases and the patient did not have at least 50% pain relief for 6-8 weeks with continued objective documented a pain and function response, therefore the request is not medically necessary.