

Case Number:	CM14-0010484		
Date Assigned:	02/21/2014	Date of Injury:	03/01/2008
Decision Date:	06/25/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/27/2014

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 Texas. 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 injured worker is a 42-year-old female who sustained an injury to her neck on 03/01/08. The mechanism of injury was not documented. The injured worker complained of bilateral lower neck pain. Physical examination noted cervical range of motion restricted in all directions; cervical discogenic and upper extremity provocative maneuvers were positive; nerve root tension signs negative bilaterally; muscle stretch reflexes were symmetric bilaterally in all limbs; clonus, Babinskis, Hoffman's signs were absent bilaterally; muscle strength 5/5 in all limbs bilaterally, except for 4+5 strength in the right wrist extensors; decreased sensation at the top of the fourth and fifth digits of the right-hand; remainder of examination essentially unchanged from previous visit. The injured worker was diagnosed with chronic right C7 radiculopathy. The injured worker was recommended for repeat fluoroscopic-guided right C7 transforaminal epidural steroid injection to treat the injured workers aggravated neck pain and right upper extremity radiculopathy. It was noted that the previous right C7 transforaminal epidural steroid injection helped by 80% for seven months, per clinical note dated 11/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT FLUROSCOPY GUIDED TRANSFORAMINAL EPIDURAL STEROID INJECTION (ESI) AT RIGHT C7: Overturned

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, EPIDURAL STEROID INJECTIONS (ESIs),

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

Decision rationale: The request for repeat fluoroscopy-guided transforaminal epidural steroid injection (ESI) at right C7 is medically necessary. The California Medical Treatment Utilization Schedule (CAMTUS) states that in the therapeutic phase, 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. It was noted that the previous right C7 transforaminal epidural steroid injection helped by 80% for seven months, per clinical note dated 11/12/13. Given the significant level of relief from previous injection at the requested level/laterality, medical necessity of the request for repeat fluoroscopy-guided transforaminal epidural steroid injection (ESI) at right C7 is indicated as medically necessary.