

Case Number:	CM14-0011895		
Date Assigned:	02/21/2014	Date of Injury:	06/03/2009
Decision Date:	08/07/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/29/2014

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 Occupational Medicine 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:

This is a 50-year-old female patient with a 6/3/09 date of injury. The 12/5/13 progress report indicates that the patient continues to work, but with persistent pain. There is persistent neck and back pain. Physical exam demonstrates cervical and lumbar tenderness. The 6/25/13 physical exam demonstrates diminished sensation along the C7-8 dermatome, cervical trigger points, left lateral epicondylar tenderness, and decreased sensation in the left upper extremity. The 9/12/14 physical exam demonstrates weakness in the left C5, C6, and C7 myotomes. The 7/30/09 cervical MRI demonstrates, at C5-6, a 3-to 4-mm broad-based posterior disk bulge; the cord, central spinal canal and neural foramina are patent. Treatment to date has included medication, activity modification, cervical ESI, lumbar ESI, and topical allergies 6. There is documentation of a previous 1/16/14 adverse determination for lack of imaging studies and/or electrodiagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI (epidural steroid injection): Upheld

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

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

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. However, imaging reports are negative for frank nerve root compromise at any cervical level. In addition, the patient's objective functional response to previous injection was not adequately assessed in terms of quantity and duration of pain relief, increase in functional capacity, and decrease in medication consumption. Therefore, the request for a cervical ESI (epidural steroid injection) is not medically necessary.