

Case Number:	CM14-0012387		
Date Assigned:	02/21/2014	Date of Injury:	03/28/2011
Decision Date:	08/06/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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:

The patient is a 58-year-old female who has submitted a claim for brachial neuritis or radiculitis associated with an industrial injury date of 03/28/2011. Medical records from 2013 were reviewed and showed that the patient complained of neck pain radiating to the bilateral upper extremities, with numbness and tingling in the fingers. Physical examination showed bilateral occipital nerve and cervical spine tenderness. Range of motion of the cervical spine was decreased secondary to pain, tightness, and stiffness. Cervical provocation test was positive bilaterally. Upper extremity reflexes were absent at both triceps, and diminished at the lateral aspect of the right elbow. Hand grip strength was decreased. Sensation was decreased over the medial and lateral aspects of the right forearm. A MRI of the cervical spine, dated 06/09/2011, showed moderate right and mild left neural foraminal narrowing at the level of C4-C5, and mild bilateral neural foraminal narrowing at the level of C6-C7. An official report of the imaging study was not provided. Treatment to date has included medications and epidural steroid injection. A utilization review, dated 01/21/2014, modified the request for Repeat Cervical Epidural Steroid Injection C4-5 Times One (1) And C6-7 Times One (1) To Repeat Cervical Epidural Injection C6-C7 x 1 because there was no indication of sustained pain relief, functional improvement, and/or decreased medication utilization; and to allow time to evaluate the response before proceeding with the C4-C5 level injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT CERVICAL EPIDURAL STEROID INJECTION C4-5 TIMES ONE (1) AND C6-7 TIMES ONE (1): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS).

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks. In this case, the patient complains of neck pain with radicular symptoms despite medications. Physical examination showed a positive cervical provocation test, bilateral upper extremity weakness, and hypoesthesia over the right forearm. The dorsal aspect of the forearm is in part innervated by C6-7. The patient has had previous ESIs on December 2011 and January 2012 with 70% pain relief. However, there was no discussion regarding duration of pain relief and functional improvement/reduction of medication intake derived from the procedure. An MRI of the cervical spine, dated 06/09/2011, showed moderate right and mild left neural foraminal narrowing at the level of C4-C5, and mild bilateral neural foraminal narrowing at the level of C6-C7. There is correlation between the clinical findings (hypoesthesia over the right forearm) and neural foraminal narrowing at C6-7, but not for C4-5. Moreover, present request as submitted failed to specify the laterality of the intended procedure. The criteria for ESI have not been met. Therefore, the request for Repeat Cervical Epidural Steroid Injection C4-5 Times One (1) and C6-7 Times One (1) is not medically necessary.