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| Case Number: | CM14-0013404 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 02/02/2010 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 01/31/2014 |
| Priority: | Standard | Application Received: | 02/03/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 49-year-old male with a 2/2/10 date of injury. The 12/24/13 progress report indicates worsening pain and depression. Physical exam demonstrates restricted cervical ROM, cervical tenderness, and positive Spurling's maneuver. There is bilateral wrist flexor weakness, and decreased sensation to light touch over the middle and ring finger on the right side. The 8/2/13 cervical MRI demonstrates, at C4-5, mild bilateral neural foraminal stenosis; at C5-6, mild to moderate bilateral neural foraminal stenosis; at C6-7, moderate to severe right and mild left neural foraminal stenosis; and, at C7-T1, mild bilateral neural foraminal stenosis. The patient was authorized for cervical fusion surgery. Treatment to date has included medication, cervical epidural steroid injection, right elbow surgery, psychotherapy, cervical RFA, and activity modification. There is documentation of a previous 1/30/14 adverse determination for lack of lasting response to previous cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection C7-T1: 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 Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence: Ama Guides Radiculopathy.

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, 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. The patient was also recently authorized for cervical spine surgery. It is unclear what the utility of another cervical epidural steroid injection would be if surgery is pending. Therefore, the request for cervical epidural injection C7-T1 is not medically necessary.