

Case Number:	CM14-0013581		
Date Assigned:	02/26/2014	Date of Injury:	09/09/2001
Decision Date:	08/04/2014	UR Denial Date:	01/16/2014
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 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 60-year-old male who has submitted a claim for cervical radiculopathy, lumbar radiculopathy, lumbar post fusion syndrome, and chronic myofascial dysfunction; associated with an industrial injury date of 09/09/2001. Medical records from 2005 to 2013 were reviewed and showed that patient complained of neck pain radiating to the left arm and hand, associated with numbness and weakness. Physical examination showed decreased lordosis of the cervical spine, with myofascial triggers at C6 and C7. Spurling's test was positive. Sensation was decreased on the left arm and forearm in a C6 dermatomal distribution. MRI of the cervical spine, dated 07/26/2013, showed marked bilateral C4-C5 foraminal narrowing, mild bilateral C5-C6 foraminal narrowing, and marked right C6-C7 foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request For 1 Left C4-7 Cervical Epidural Injection: 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 accompanied by radicular symptoms despite medications and other treatment modalities including ESI. Physical examination showed a positive Spurling's test and hypoesthesia on the left C6 distribution. MRI of the cervical spine, dated 07/26/2013, showed marked bilateral C4-C5 foraminal narrowing, mild bilateral C5-C6 foraminal narrowing, and marked right C6-C7 foraminal narrowing. The patient has had seven previous ESIs on 01/31/2002, 02/23/2002, 03/28/2002, 02/06/2006, 03/20/2006, 02/05/2007, and most recently on 08/26/2013, which provided complete resolution of pain for 3 weeks. However, guidelines recommend repeat blocks if initial ESI provided at least 50% pain relief for 6 to 8 weeks. Furthermore, the guidelines do not recommend more than two ESIs. The requested treatment is not medically necessary.