

Case Number:	CM14-0013724		
Date Assigned:	02/26/2014	Date of Injury:	11/02/2004
Decision Date:	07/28/2014	UR Denial Date:	01/10/2014
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 49-year-old female, who has submitted a claim for cervical degenerative disc disease associated with an industrial injury date of 11/02/2004. The medical records from 2012 to 2014 were reviewed and showed that the patient complained of neck pain, graded 7/10, with radiation to the bilateral upper extremities. The physical examination showed restricted range of motion of the cervical spine. The Spurling's test was positive. Decreased sensation was noted over the C4-C5 distribution. An MRI of the cervical spine, date 03/07/2013, showed mild left C5-C6, mild to moderate left C6-C7, and mild to moderate bilateral C7-T1 neuroforaminal narrowing, and a 2 mm disc bulge at T1-T2. The treatment to date has included medications, radiofrequency ablation, medial branch block at C3, C4, and C5, epidural steroid injections (ESIs), and anterior cervical fusion with revision fusion in 2007. The utilization review, dated 01/09/2014, denied the request for an epidural steroid injection, because there was no documented improvement from the previous ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) cervical epidural injection at T1-T2: 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 (ESIs) Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that epidural steroid injections (ESIs) 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 six to eight (6 to 8) weeks. In this case, the patient complains of back pain accompanied by radicular symptoms despite medications and surgery. The patient has had previous ESIs. A physical examination showed a positive Spurling's test, and hypoesthesia over the C4-C5 distribution. However, an MRI of the cervical spine, dated 03/07/2013, showed a 2 mm disc bulge at T1-T2. There was no mention of foraminal compromise or neural compression at this level. Furthermore, there was no discussion regarding the number of previous ESIs, the levels injected, percent pain relief, reduction of medication intake, or functional improvement and duration of relief from a previous ESI. Lastly, the present request as submitted failed to specify the laterality of the intended procedure. The criteria for an ESI has not been met. Therefore, the request for one (1) cervical epidural injection at T1-T2 is not medically necessary.