

Case Number:	CM14-0014678		
Date Assigned:	04/21/2014	Date of Injury:	05/25/2012
Decision Date:	09/15/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/05/2014

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 63 year old male with a 5/25/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 12/23/13 noted subject complaints of continued pain in the neck radiating down the left upper extremity. It notes that the pain in his neck has returned after initial 60% pain relief from a 11/18/13 cervical ESI. During the initial two weeks of relief, there was decrease in use of pain medications. Unfortunately the pain in his neck has returned and is now back to baseline. Objective findings include tenderness in the cervical paraspinal muscles. Upper extremity motor strength was 4/5 bilaterally. There was decreased sensation along the lateral arm and forearm on the left when compared to the right. It was also noted that the patient has been undergoing conservative treatment with physiotherapy, medication management for at least 3 months and he has been unresponsive to this treatment. MRI of the cervical spine on 12/13/13 noted disc bulge at C6-C7. EMG 12/22/11 showed bilateral but primarily left C6 and C7 radiculopathy. Diagnostic Impression: cervical radiculopathy Treatment to Date: medication management, prior ESI A UR decision dated 1/16/14 denied the request for cervical epidural steroid injection at left C6-7. 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 weeks. Although the claimant reports 60 percent pain relief from the initial ESI, there is no documented objective functional gains from care that will warrant a repeat injection. There is no significant improvement with the claimant's objective and functional examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at left C6-7: Overturned

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

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. CA MTUS also states that if used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. The patient does indeed have both subjective and objective findings of cervical radiculopathy documented by clinical history and examination. In addition, there is corroborating evidence of cervical radiculopathy especially on the left C6 and C7. During the first diagnostic ESI in 11/13, the patient had at least 60% pain relief with associated reduction in medications. The guidelines recommend that in the diagnostic phase, a second ESI may be performed if there is adequate response to the first block. Furthermore, the patient has documented failure of conservative measures including medications and physiotherapy. Therefore, the request for cervical epidural steroid injection at left C6-7 is medically necessary.