

Case Number:	CM14-0016562		
Date Assigned:	04/11/2014	Date of Injury:	04/02/2012
Decision Date:	05/29/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 58 year-old female who was injured on 4/2/12. She has been diagnosed with displacement of cervical disc without myelopathy; cervical radiculopathy; left AC joint capsular hypertrophy; lumbago; displacement of lumbar disc without myelopathy; lumbar radiculopathy; and myalgia. According to the 1/6/14 report from [REDACTED], she presents with 7/10 neck pain that travels to the upper back and both shoulders and down the left posterior arm. Medications help bring the pain down to 4/10. Exam findings show no loss of sensation at C6 or C7, and normal motor in the C6 and C7 myotomes. [REDACTED] says the patient had decreased pain within 5 days of the last ESI at C5/6 and C6/7, and requests authorization for the 2nd injection. UR denied this on 1/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION, C5-C6, C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Epidural Steroid Injections, Diagnostic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN

MEDICAL TREATMENT GUIDELINES, MTUS CHRONIC PAIN TREATMENT GUIDELINES, 46 OF 127.

Decision rationale: According to the 1/6/14 report from [REDACTED], she presents with 7/10 neck pain that travels to the upper back and both shoulders and down the left posterior arm. There are no positive clinical sensory or motor findings in the upper extremities. [REDACTED] provided the first cervical ESI on 12/19/13, that was reported to provide relief within 5-days. There is also the 12/30/13 report from [REDACTED], noting the pain in the cervical spine is constant 8/10. The first ESI did not appear to provide even 2-weeks pain relief. California MTUS criteria for repeat ESI states: "In the therapeutic phase, 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," The request for a 2nd cervical epidural steroid injection, when the first ESI did not provide 50% relief for 6-8 weeks, is not in accordance with MTUS guidelines.