

Case Number:	CM14-0016588		
Date Assigned:	07/02/2014	Date of Injury:	08/17/2013
Decision Date:	08/14/2014	UR Denial Date:	01/28/2014
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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old male who reported an injury on 08/17/2013. The mechanism of injury was a motor vehicle accident. The patient had a history of neck and shoulder pain. The injured worker was treated with physical therapy, muscle relaxants, amlodipine/Desylate, Celebrex 200 mg, Medrol DosePak and aspirin 81 mg and modification of duties. He continued to have persistent pain in the neck, radiating into the right arm as well as the right shoulder. The injured worker received a cervical epidural steroid injection (ESI). Diagnostic studies showed an MRI of the cervical spine on 10/07/2013 which had a 1 mm disc bulge at C4-C5 with minimal to mild bilateral facet arthropathy and mild bilateral neuroforaminal narrowing. No central canal stenosis in the C5-C6 was noted. There was moderate loss of disc signal with a 2 mm broad-based disc bulge effacing the anterior thecal sac with mild bilateral facet arthropathy and ligamentum flavum thickening. This resulted in moderate central spinal canal stenosis and severe bilateral neuroforaminal narrowing. Upon examination on 01/17/2014, the injured worker indicated he was doing better with regard to the neck discomfort but worse with regard to the right shoulder discomfort. The first epidural steroid injection was performed on 01/14/2014 and the patient indicated approximately 30% improvement in his neck and right arm with radicular pain following that injection. There was a positive Spurling's test with axial compression, lateral bending, hyperextension and rotation to the right resulting in severe right upper extremity radicular symptoms in the C6 nerve root distribution. He had received and exhausted course of conservative management including physical therapy and anti-inflammatory medications as well as restriction of activities. The request is for repeat cervical epidural steroid injection. The Request for Authorization form was not submitted within the review. The rationale for the second injection is the injured worker had significant improvement with the first injection and

the effects are wearing off. The provider stated the second injection should give him considerable improvement in his pain level.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT CERVICAL ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The MTUS Guidelines recommend epidural steroid injections as an option for treatment for radicular pain. The guidelines recommend no more than 2 epidural steroid injections. Guidelines also state radiculopathy must be documented by physical examination and corroborated by imaging studies for diagnostic testing. The injured worker had received a cervical epidural steroid injection on 01/14/2014 with reported 30% improvement for 3 days. The guidelines advise; documentation of at least 50% functional improvement for a minimum of 6 to 8 weeks following an initial injection is required for a repeat injection. The injured worker did not receive functional improvement of at least 50% for at least 4-6 weeks as stated in the guidelines. There was also no level for the injection to be given within the request. As such, the request is not medically necessary.