

Case Number:	CM14-0016910		
Date Assigned:	04/11/2014	Date of Injury:	12/01/2011
Decision Date:	05/28/2014	UR Denial Date:	01/06/2014
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 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The injured worker is a 36-year-old male who reported an injury on 12/01/2011. The mechanism of injury information is not provided in the medical record. A review of the medical record reveals the injured worker's diagnoses include cervical radiculopathy and cervical stenosis. It is noted that the injured worker received prior cervical epidural steroid injections. The injured worker had functional relief of greater than 70% or more for more than 3 months after his last epidural steroid injection. The injured worker has failed non-surgical treatment including therapy and oral medication. The most recent documentation dated 03/07/2014 reports the injured worker has cervicalgia, as well as known cervical stenosis in the C5-6 region. The injured worker is currently being treated with chiropractic treatments. On the interval report dated 02/21/2014 by [REDACTED] it is stated the injured worker appeared to be making progress. The injured worker continues to have residual pain although it has improved significantly. The injured worker tried Norco in the past, but it had not helped and gave him stomach difficulties. Physical examination revealed numbness in the C6 to C7 distribution and mild biceps weakness. The injured worker had blunted biceps and triceps reflexes on the right and it was normal on the left. Other than that, the injured worker's neurological examination was intact. Due to the injured worker's inability to take the Norco, request was sent for Ultram ER 150 mg to be taken once a day as needed for pain. The requested service is for a cervical epidural steroid injection at C7-T1.

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 C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment, Epidural Steroid Injections Page(s): 46.

Decision rationale: The Expert Reviewer's decision rationale: A cervical epidural steroid injection at C7-T1 is not medically necessary at this time. Per California MTUS, it is stated that repeat blocks should be based on continued objective documentation of pain relief and functional improvement, to include at least 50% of pain relief and associated reduction of pain medication use for 6 to 8 weeks. There is no documentation in the medical record of the injured worker having any reduction in his pain medication regimen for 6 to 8 weeks status post the previous epidural steroid injection. There is documentation in the medical record of the injured worker having at least 70% of relief for at least 3 months after receiving the previous epidural steroid injection. It is also noted that the requested service is for an injection at the C7-T1 level, and per the clinical information provided the injured worker has cervical stenosis in the C5-6 region and has numbness and radicular symptoms in the C6 and C7 distributions. As there was no documentation in the medical record of any reduction in the injured worker's pain medication for 6 to 8 weeks post receipt of previous epidural steroid injection, and the requested level of injection does not coincide with the objective findings upon examination, the medical necessity for the request can be determined at this time. Therefore, the request for cervical epidural steroid injection at C7-T1 is not medically necessary.