

Case Number:	CM14-0017020		
Date Assigned:	03/07/2014	Date of Injury:	07/05/2013
Decision Date:	04/29/2014	UR Denial Date:	01/22/2014
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 Pain Management 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: This is a patient with a date of injury of 7/5/13. A utilization review determination dated 1/16/14 recommends modification of bilateral C5-6, C6-7 transfacet ESI x 2 to allow for 1 injection. 1/23/14 medical report identifies cervical spine, bilateral shoulder, and bilateral arm pain rated as a 9 on a pain scale. Pain has increased. On exam, there is tenderness with limited cervical spine ROM and decreased sensation along the C6 and C7 dermatomes bilaterally. DTRs are 1+ bilaterally at the brachioradialis and 2+ right/1+ left at the triceps. The provider recommended a bilateral C5-6 and C6-7 transfacet epidural steroid injection. EMG/NCS 10/22/13 identifies findings suggestive of minimal bilateral CTS and bilateral chronic active C5-6 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL C5-6, C6-7 TRANSFACET ESI x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spine, Facet Joint Diagnostic Blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment, Epidural Steroid Injections:(ESIs) Page(s): 46 , 127.

Decision rationale: The Expert Reviewer's decision rationale: Regarding the request for Bilateral C5-6, C6-7 Transfacet ESI x 2, it should be noted that this request was modified to x 1 by the previous utilization review. California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. They also recommend against a series of injections and note that a second block is not recommended if there is inadequate response to the first block, as 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. Within the documentation available for review, there is clinical and diagnostic study evidence of radiculopathy. However, a series of injections is not supported. Unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Bilateral C5-6, C6-7 Transfacet ESI X 2 Is not medically necessary.