

Case Number:	CM14-0017751		
Date Assigned:	04/30/2014	Date of Injury:	01/29/2013
Decision Date:	07/08/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/12/2014

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 Texas. 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 injured worker is a 59-year-old female who reported an injury 01/29/2013 when the injured worker was assaulted by a patient. The injured worker reportedly sustained an injury to her neck, upper back, left shoulder and low back. The injured worker's treatment history included a C5-6 anterior cervical discectomy and fusion. The injured worker underwent a C6-7 epidural steroid injection in 10/2013. The injured worker was evaluated on 01/17/2014. It was documented that the injured worker had 60% improvement with the previous epidural steroid injection and had begun to experience an increase in symptoms to include increased tingling. It was documented that the previous epidural steroid injection resulted in 100% decrease of medications. Physical findings included decreased sensation in the C6 dermatomal distribution with a positive Spurling's test, myofascial trigger points in the C6 trapezius region, restricted range of motion secondary to pain, and decreased motor strength in the C5-6 and C6-7 myotomes. The injured worker's diagnoses included cervical radiculopathy, C5-6 and C6-7 disc herniation with stenosis, and secondary myofascial dysfunction. The injured worker's treatment plan included an additional epidural steroid injection and continuation of a home exercise program. The injured worker was evaluated on 02/14/2014. It was documented that the injured worker had 60% pain relief from the prior epidural steroid injection that lasted for several months with complete discontinuation of medication usage. It was documented that the injured worker had a return of symptoms to include decreased grip strength, decreased sensation of the arm and forearm in the C6 dermatomal distributions, a positive Spurling's test bilaterally, and positive myofascial dysfunction and trigger points. The injured worker's treatment plan continued to be an epidural steroid injection from C5-7 and continuation of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT C5-7 CERVICAL EPIDURAL INJECTION: Overturned

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 Page(s): 46.

Decision rationale: California Medical Treatment Utilization Schedule recommend repeat injections for injured workers who have at least 50% pain relief for 4 to 6 weeks following the injection with documentation of functional improvement. The clinical documentation submitted for review does indicate that the injured worker had 60% pain relief for several months following the initial injection. It was documented that the injured worker was able to discontinue all medications as a result of the epidural steroid injection. It was noted within the documentation that the injured worker is participating in a home exercise program and has had a return of symptoms in the correlating dermatomal distribution. Therefore, an additional epidural steroid injection would be supported. As such, the requested right C5-7 cervical epidural steroid injection is medically necessary and appropriate.