

Case Number:	CM14-0018951		
Date Assigned:	04/23/2014	Date of Injury:	03/14/2007
Decision Date:	07/03/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/14/2014

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 patient is a 57 year old male with an injury date of 03/14/07. Based on the 01/13/14 progress report provided by [REDACTED], the patient complains of neck pain, left shoulder pain, and midline low back pain with right anterior thigh and dorsal foot pain. He had intermittent numbness in the medial right thigh and he had paresthesias in the dorsal right foot. The patient's diagnoses include the following: neck pain with left upper extremity cervical radiculitis/radiculopathy secondary to degenerative disc disease C3-T1 with C4-5 cervical spinal stenosis and multi-level neuroforaminal stenosis (per MRI 09/28/10), mild chronic left cervical radiculopathy in the C5-6 distribution on EMG study (per 11/14/13 EMG). The patient previously had cervical epidural steroid injections at C6-7 in March 2009, July 2009, and on 11/05/13. The patient's Spurling sign was positive for left neck pain radiating to the left levator scapulae and trapezius muscles. The patient is currently taking Norco, Soma, and using a TENS unit for pain management. [REDACTED] is requesting a cervical epidural steroid injection. The utilization review determination being challenged is dated 01/14/14 and recommends denial of the cervical epidural steroid injection. [REDACTED] is the requesting provider, and he provided treatment reports from 07/19/13- 01/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION X 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The patient had another cervical epidural steroid injection C6-7 on 11/05/13. The 11/19/13 report states that the neck and arm pain is better after the injection. The MTUS Chronic Pain Guidelines requires 50% reduction of pain lasting 6 weeks or more with reduction in medication use as criteria for a repeat injection. The patient has had these injections in the past without much documentation of lasting benefit. There is no numerical assessment of how the cervical epidural injections impacted the patient and no documentation of medication reduction. Furthermore, the patient's pain location is axial and to the left shoulder without radiation in to the arm. An MRI showed multi-level foraminal and some central stenosis but none of the findings match the patient's symptoms. The request is not medically necessary and appropriate.