

Case Number:	CM14-0110361		
Date Assigned:	08/01/2014	Date of Injury:	06/08/2011
Decision Date:	10/07/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 51 year old male who sustained an injury to his neck on 06/08/11. After a thorough review of the clinical documentation available, the mechanism of injury was not noted. The one clinical note provided for review dated 07/03/14 reported that the injured worker has a history of cervical radiculopathy and carpal tunnel syndrome. The injured worker is status post cervical epidural steroid injection resulting in significant reduction of pain. The injured worker stated that his pain is getting better and he has no other issues or concerns to date. The injured worker rated his pain at 7/10 on the visual analog scale (VAS) with associated numbness, weakness, balance problems, poor sleep, and fatigue described as sharp, nagging, numbing, aching, stabbing, tingling, dull, throbbing, and cramping. It was noted that the injured worker has never tried physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, acupuncture, brace support, psychological therapy, injections, or surgery. Treatment has included medications and chiropractic manipulation. Physical examination noted dorsal/medial aspect of the left forearm muscle wasting; spine range of motion 15 degrees with right lateral rotation, 10 degrees left lateral rotation, 10 degrees with extension; Spurling's test negative; tenderness to palpation of the cervical paraspinal/trapezius musculature, left greater than right and bilateral rhomboids; tenderness to palpation of the facet joints, left greater than right; motor strength -5/5 with left hand grip, wrist extension, biceps/triceps with diffused weakness in the left upper extremity; sensory decreased to sensation in the lateral aspect of the left arm/forearm; reflexes 2+/2 bilaterally; negative Hoffman's sign. MRI of the cervical spine performed on 07/14/11 reportedly revealed no evidence of severe radicular compromise; bilateral facet arthropathy at C2-3 and mild left foraminal narrowing related to facet arthropathy. The injured worker was diagnosed with cervical radiculopathy and carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two Cervical Epidural Steroid Injection (CESI) Intralaminar at C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

Decision rationale: The previous request was denied on the basis that repeat epidural injections can be considered when there is documented greater than 50% pain relief lasting for 6-8 weeks, coupled with objective functional improvement and reduction in medication usage from prior injections. In this case, the documentation provided described 50% pain relief following the previous injections; however, duration of relief, functional benefit, and reduction in medication use was not documented. It has not been noted on multiple prior reviews that this information is required to support a repeat procedure. Additionally, the current request is for injections x 2, which would not be supported as repeat injections are to be based on response to previous injections which still has not been provided. Thus, the request could not be deemed as medically appropriate. After reviewing the submitted documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for Two Cervical Epidural Steroid Injection (CESI) Intralaminar at C7-T1 is not medically necessary.