MAXIMUS Federal Services

Case Number:	CM14-0113021		
Date Assigned:	08/01/2014	Date of Injury:	10/11/2008
Decision Date:	10/16/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/21/2014

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 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 46 year old female who sustained an injury to her neck on 10/11/08 while transporting a patient on a bed with wheels, she had to forcefully pull on part of the bed with her left arm to keep the bed from hitting the other wall causing immediate shoulder pain with associated numbness down the left hand. The MRI of the cervical spine dated 06/13/13 revealed anterior cervical fusion with hardware creating phase artifacts with obscured detail of the spinal canal at the C5-6 disc space; C6-7, evidence of a 2mm central protrusion without stenosis; short segment hydromyelia cavity 2mm in diameter for length of 2mm. The progress note dated 06/13/14 reported that the injured worker continued to complain of ongoing neck pain with associated muscle stiffness worse on the left that increases with range of motion, extension, and left rotation. The injured worker stated that the left sided pain radiates from his shoulder/trapezius with shooting pain down into his fingers. The injured worker also reported ongoing muscle tightness and myofascial spasms in the cervical paraspinal and trapezius muscles; physical examination noted Spurling's sign bilaterally; bilateral paraspinous tenderness of the cervical spine, palpable trigger points in the musculature of the head/neck; restricted and painful range of motion of the cervical spine; motor strength grossly normal, except for 4+/5 in the left deltoid/biceps; DTRs intact throughout, except 1+ left C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection C7-T1 under Fluoroscopy and Anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The previous request was denied on the basis that the provided documents highlight the injured worker underwent a 2nd cervical epidural steroid injection on 01/02/09 resulting in no reported functional improvement or pain relief. Further, provided documentation does not include the procedure report from this epidural steroid injection or specify the levels where the procedure was performed. Provided documentation also includes an MRI of the cervical spine that is not indicative of radiculopathy. For these reasons, a repeat cervical epidural steroid injection was not deemed as medically appropriate. The MTUS Chronic Pain Guidelines states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with an associated reduction of medication use for 6-8 weeks. Furthermore, there was no information provided that would indicate the injured worker has a needle phobia or suffers from extreme anxiety that would warrant the use of anesthesia. Given this, the request for a cervical epidural injection at C7-T1 under fluoroscopy and anesthesia is not indicated as medically necessary.