

Case Number:	CM14-0117689		
Date Assigned:	08/06/2014	Date of Injury:	07/31/1989
Decision Date:	09/17/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/28/2014

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 Illinois. 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 47-year-old female who reported an injury on 07/31/1989. The mechanism of injury was not provided for clinical review. The diagnoses included cervical herniated nucleus pulposus, cervical spondylosis, and neck pain, displacement of cervical intervertebral disc without myelopathy, neuralgia, neuritis, and radiculitis. The previous treatments included medication. Within the clinical notes dated 07/03/2014, it was reported that the injured worker complained of neck and arm pain. She reported that his neck pain was localized and radiated to the arms. She described the pain as uneven, sharp, and constant. She reported that the pain radiated down the bilateral arm numbness. Upon the physical examination, the provider noted tenderness to palpation over the paraspinal muscles. The injured worker had limited range of motion secondary to pain. The provider noted the injured worker had a negative Spurling's test. The provider noted the injured worker had a negative Hoffman's test. The provider requested an epidural of the C4-5 levels due to pain being worse. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural C4-C5 #1: 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 Page(s): 46.

Decision rationale: The request for cervical epidural C4-5 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in the dermatomal distribution with corroborated findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs and muscle relaxants. The guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. There is lack of documentation indicating the injured worker had been unresponsive to conservative treatment, including exercise, physical methods, and NSAIDs. There is lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.