

Case Number:	CM14-0122005		
Date Assigned:	08/06/2014	Date of Injury:	10/11/1998
Decision Date:	09/15/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/01/2014

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 Management and is licensed to practice in Florida. 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 50-year-old male who reported injury on 10/11/1998. The mechanism of injury was not submitted in documentation. The injured worker had diagnoses of cervical radiculopathy and neck pain. The injured worker's past medical treatment consists of ESIs, the use of a TENS unit and medication therapy. Medications include Ambien, Carisoprodol 350 mg, gabapentin 400 mg 1 capsule by mouth 3 times a day, hydrocodone/acetaminophen 10/325 mg, ibuprofen 800 mg 1 tablet by mouth 3 times a day, morphine ER 15 mg extended release, Morphine ER 30 mg extended release, Norco, Soma, Zolpidem ER 6.25 tablets and Tramadol 15 mg. A drug screen was submitted on 06/10/2014, revealing that the injured worker was in compliance with the prescription medications. The injured worker complained of cervical neck pain. The injured worker stated that the pain continued, but has not changed in location, quality, intensity or character. There were no measureable levels of pain documented in the submitted report. Physical examination dated 06/30/2014 revealed that the injured worker's cervical spine had soft tissue palpation on the left with tenderness of the paracervical, the scalene muscles, and the sternocleidomastoid. Muscle strength of the neck revealed an extension of 4/5, C5 on the right: abduction deltoid 5/5, external rotation supraspinatus 5/5, and internal rotation supraspinatus 5/5, C5 on the left: abduction deltoid 5/5, internal rotation supraspinatus 5/5 and external rotation supraspinatus 4/5: C6 on the right flexion biceps 5/5, C6 on the left flexion biceps 4/5. The injured worker had a positive Spurling's test. The treatment plan is for a third cervical ESI due to the fact that the provider feels a medication regimen is not the optimal to treat and provide relief for the injured worker's pain levels. The Request for Authorization form was submitted on 02/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The request for Cervical ESI is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing and it must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. California MTUS guidelines recommend for repeat Epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The submitted report indicated that the injured worker's pain had no change in location, quality and intensity of character. Previous ESIs provided between 70% and 80%. However, there has been no significant increase in functionality or decrease in the use of opioid narcotics or other pain medications. The report showed no indication of any significant change in the injured worker's functionality as a result of the cervical epidural steroid injections. In spite of claims of 70% to 80% of pain relief, there was no indication of any decrease in the use of medications or increase in functionality. Furthermore, the guidelines stipulate that radiculopathy must be documented by physical examination and corroborated by imaging studies. The report lacked recent MRI and an increase in objective findings. As such, the request for Cervical Epidural Steroid Injection is not medically necessary.