

Case Number:	CM14-0126972		
Date Assigned:	08/15/2014	Date of Injury:	03/01/2008
Decision Date:	09/22/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/11/2014

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 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 54-year-old male who was injured on 03/01/08. The mechanism of injury is undisclosed. The injured worker complains of multiple sites of musculoskeletal pain. Complaints pertinent to this review include that of neck pain which radiates into the upper extremities. The injured worker is diagnosed with cervicalgia and cervical degenerative disc disease. Electromyography and nerve conduction velocities (EMG/NCV) of the bilateral upper extremities dated 02/20/14 reveal evidence of a mild bilateral carpal tunnel syndrome and evidence of peripheral neuropathy of the bilateral upper extremities. It is noted this study cannot confirm cervical radiculopathy. Treatment has included medication management and cervical epidural steroid injections performed on 05/09/12, 07/23/12 and 12/09/14. The injured worker's response to the first two injections is not summarized in the submitted documentation. Clinical note dated 07/16/14 notes the last epidural steroid injection (ESI) provided greater than fifty percent relief over five months. It is noted this injection enabled the injured worker to become more active and have better movement of the neck; although pain has returned and is rated at a 10/10 without medications and a 7 to 8/10 with medications. The injured worker takes Kadian and Percocet but would like to stop the Percocet and increase the Kadian. Physical examination on this date reveals tenderness to palpation of the cervical paraspinals, severely decreased range of motion which is worse with extension, altered sensation in the medial and lateral aspect of the bilateral upper extremities and upper extremity strength of 4+/5 bilaterally, grip strength is decreased bilaterally. A request was submitted for a cervical epidural steroid injection at C6 to 7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection under fluoroscopic guidance and conscious sedation:
Overturned

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support the use of repeat epidural steroid injections (ESIs) when certain criteria are met. These criteria include continued objective documented pain and functional improvement, including at least fifty percent pain relief with associated reduction of medication use for six to eight weeks. Submitted documentation indicates the injured worker experienced greater than fifty percent relief for over five months following the most recent injection. The use of conscious sedation is an accepted medical practice for injections of the cervical spine. Records do not demonstrate a reduction in pain medications; however, the injured worker is diagnosed with multiple conditions contributing to the need for medication management. Based on the clinical information submitted, cervical epidural steroid injection under fluoroscopic guidance and conscious sedation is medically necessary and appropriate.