

Case Number:	CM14-0127059		
Date Assigned:	08/13/2014	Date of Injury:	09/26/2012
Decision Date:	09/24/2014	UR Denial Date:	07/23/2014
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 Occupational 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 patient is a 53-year-old male who has submitted a claim for persistent cervicalgia, cervical sprain/strain, cervical disc derangement with annular tear at C4-C5 and annular disc protrusion at C5-C6 with stenosis, and cervical radiculopathy associated with an industrial injury date of September 26, 2012. Medical records from 2013-2014 were reviewed. The patient complained of pain in the cervical spine, rated 3-4/10 in severity. The pain radiates to the upper extremities. Physical examination showed mild to moderate tenderness over the cervical paraspinal muscles and over the bilateral upper trapezius and levator scapula. There was also noted tenderness on C5-C6, C6-C7 and C7-T1 vertebral interspace. Cervical range of motion was full in all directions. Motor strength and sensation was intact. MRI of the cervical spine dated May 28, 2014 showed mild desiccation of C3-C4 through C6-C7 intervertebral discs without herniation, central or foraminal spinal stenosis. Treatment to date has included medications, physical therapy, chiropractic care, acupuncture, home exercise program, activity modification, and cervical epidural steroid injection. Utilization review, dated July 23, 2014, denied the request for cervical epidural steroid injection x 1 bilateral C5-C6 and C6-C7 because there was no clear evidence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection x1 bilateral C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck and upper back (Acute & Chronic).

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

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, repeat epidural steroid injection should be based on continued objective documented pain 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. In this case, the patient has persistent neck pain radiating to the upper extremities. He underwent a course of conservative treatments but still remained symptomatic. Previous epidural steroid injection was done on June 5, 2014 which provided complete relief of pain for 3 days with significant improvement in overall function. However, percent pain relief and evidence of functional improvement were not documented. Furthermore, physical examination and MRI findings also failed to establish radiculopathy in this patient. The guideline criteria have not been met. Therefore, the request for Cervical epidural steroid injection x1 bilateral C5-6 and C6-7 is not medically necessary.