

Case Number:	CM14-0151522		
Date Assigned:	09/19/2014	Date of Injury:	09/30/2013
Decision Date:	10/20/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/17/2014

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 Georgia. 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 55 year old male presenting with chronic pain following a work related injury on 09/30/2013. On 04/29/2014, the injured worker complained of neck pain that radiates to the right upper extremity. The physical exam showed spasms in the bilateral trapezius muscles and paraspinal muscles at the C4-6 level, and tenderness on the bilateral occipital area. There was limited range of motion in flexion to 50 degree, extension to 10 degrees and rotation to 45 degrees. Myofascial trigger points in the bilateral trapezius muscles was noted with decreased muscle strength of the flexor muscles in the right upper extremity along the C4-6 myotomes as well as decreased sensation in the right upper extremity along the C4-6 dermatomes. Positive Spurling's test bilaterally. MRI of the cervical spine showed exaggeration of the usual cervical lordosis. The injured worker has tried chiropractor treatment and medications with temporary benefit. A claim was placed for a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at right C5-6 under fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: Cervical epidural steroid injection at right C5-6 under fluoroscopic guidance is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The injured worker physical exam does display cervical radiculopathy; however, the imaging does not demonstrate specific nerve root pathology amenable to a cervical epidural steroid injection. Therefore, the requested procedure is not medically necessary.