MAXIMUS Federal Services

Case Number:	CM14-0153214		
Date Assigned:	09/23/2014	Date of Injury:	08/09/2004
Decision Date:	10/24/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/19/2014

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 52-year-old female who has submitted a claim for cervical radiculopathy associated with an industrial injury date of 08/09/2014.Medical records from 05/12/2014 to 08/26/2014 were reviewed and showed that patient complained of neck pain (pain scale grade unavailable) radiating to the left arm. Physical examination revealed decreased cervical spine ROM, tenderness over cervical paraspinals, and positive Spurling's test the left. Complete neurologic evaluation was not made available. MRI of the cervical spine dated 05/12/2014 did not reveal specific nerve compromise.Treatment to date has included C7-T1 interlaminar steroid injection (07/24/2014), chiropractic care, oral prednisone, and pain medications. Of note, there was reported unspecified pain relief for unspecified short-term duration with previous C7-T1 interlaminar steroid injection. There was no discussion of failure of conservative management such as physical therapy. There was no objective documentation of functional outcome from chiropractic care. Utilization review dated 09/04/2014 denied the request for Cervical epidural steroid injection with facet injection C5-7 x 2 because there was no documentation of at least 50% pain relief for six to eight weeks with previous steroid injection. Utilization review dated 09/04/2014 denied the request for Pre-op labs UA, Preg and Post-op PT for the cervical spine because the requested procedure was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection with facet injection C5-7 x 2: 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 CA MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient complained of neck pain radiating down left arm. Complete neurologic evaluation was not made available. It is unclear as to whether specific neurologic deficit was present to support presence of radiculopathy. Furthermore, MRI of the cervical spine was done on 05/12/2014 with results not revealing specific nerve compromise. Hence, objective findings and imaging studies do not indicate presence of radiculopathy to support ESI. It was noted that a previous C7-T1 interlaminar steroid injection was done on 07/24/2014. However, the patient reported unspecified pain relief for unspecified short-term duration. The guidelines recommend at least 50% pain relief for six to eight weeks to support repeat blocks. Moreover, there was no objective documentation of functional outcome from previous chiropractic treatment or discussion of other conservative management to support non-response to treatment. Lastly, the request failed to indicate if the interlaminar steroid injection would be done under fluoroscopic guidance. Therefore, the request for cervical epidural steroid injection with facet injection C5-7 x 2 is not medically necessary.

Pre-op labs UA, Preg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI): 2010 Jun. 40p. (26 references)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The dependent request, cervical epidural steroid injection with facet injection C5-7 x 2, was deemed not medically necessary. Therefore, the request for Pre-op labs UA, Preg is not medically necessary.

Post-op PT for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Physical Therapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The dependent request, cervical epidural steroid injection with facet injection C5-7 x 2, was deemed not medically necessary. Therefore, the request for Post-op PT for the cervical spine is not medically necessary.