

Case Number:	CM14-0157020		
Date Assigned:	09/29/2014	Date of Injury:	07/12/2011
Decision Date:	12/11/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/25/2014

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 and Pain Medicine 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 51-year-old female who reported an injury on 07/12/2011. The mechanism of injury was lifting. Her diagnoses included cervical herniated nucleus pulposus, cervical degenerative disc disease, cervical radiculopathy, cervical and shoulder pain, labral strain/tear, and impingement syndrome. Her past treatments included medications, injections, and surgery. Her surgical history included anterior cervical discectomy and fusion at the C6-7 level performed on 08/28/2012. Diagnostic studies included an MRI of the cervical spine performed on 02/28/2013, which showed C6-7 anterior cervical discectomy and fusion without complication/stenosis or evidence of other neural compressive lesions. The injured worker received a cervical epidural injection on 02/14/2014. The progress note dated 04/25/2014 indicated she obtained greater than 50% pain relief with functional improvement and a decrease in medication requirements. The injured worker reported she was more active since the injection and had been able to reduce her narcotic medication. The progress note dated 10/15/2014 reported the injured worker complained of right sided neck and upper extremity pain with radicular features. The physical examination of the cervical spine revealed normal range of motion. It was also noted that she had normal motor strength and sensation to the bilateral upper extremities. Her medications included Vimovo, Vicodin, and Neurontin. The treatment plan included a recommendation for epidural steroid injections. The request was for a cervical epidural steroid injection at the C6-7 level with fluoroscopy due to her ongoing complaints of pain. A Request for Authorization form dated 10/21/2014 was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI at C6-7 with fluroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) ; Criteria for the use of Epidu.

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

Decision rationale: The request for cervical ESI at C6-7 with fluoroscopy is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Repeat injections 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 to 8 weeks. The clinical documentation indicated the injured worker received a cervical epidural steroid injection on 02/14/2014 which resulted in greater than 50% pain relief with functional improvement and a decrease in medication requirements. The injured worker reported she was more active after the injection and had been able to reduce her narcotic medication. Based on this outcome, repeat injection could be considered. However, her most recent physical examination failed to provide evidence of significant neurological deficits in a C6-7 distribution to verify radiculopathy. As such, the request for cervical ESI at C6-7 with fluoroscopy is not medically necessary.