MAXIMUS Federal Services

Case Number:	CM14-0157432		
Date Assigned:	09/30/2014	Date of Injury:	02/23/2012
Decision Date:	11/03/2014	UR Denial Date:	09/02/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 injured worker is a 42-year old female who sustained cumulative trauma injuries on 10/14/2001, 07/07/2009, and 2/23/2012. The injured worker was seen by a provider on October 25, 2013 for initial pain management consultation. The injured worker complained of pain in her neck that radiated to her right shoulder with paresthesia noted in the hand as well as numbness and weakness noted in the arm. On examination of the cervical spine, asymmetry of the neck and shoulder with tilting of the head and neck to the left was noted and range of motion was restricted. On axial compression, right trapezius tenderness was elicited. Tenderness was also present over the trapezial area. Sensation over the upper extremity along the C5 and C6 dermatomes was diminished. The injured worker was seen by another provider for orthopedic reevaluation on December 10, 2013 with complaint of severe constant pain in her neck and inability to turn her neck. The examination of her cervical spine revealed tenderness over the paravertebral muscles and upper trapezial muscles with spasm. The axial loading compression test and Spurling's maneuver were positive. There was painful and restricted cervical range of motion and dysesthesia at C5 and C6 dermatomes were noted. Toradol and Vitamin B-12 complex mixed with Marcaine were administered.On May 6, 2014, the injured worker was re-evaluated by the provider with complaints of continued symptomatology in her cervical spine, chronic headaches, tension between her shoulder blades, and migraines. She reported that she underwent cervical epidural block which provided her with significant discomfort and seven episodes of severe headaches and migraines that continued. The examination findings in the cervical spine were unchanged. On August 13, 2014, the injured worker returned to the first provider and complained of pain in her neck that radiated to her right shoulder with paresthesia noted in her hand as well as numbness and weakness noted in her arm. The injured worker reported that status post cervical epidural steroid injection on March 7, 2014 her pain did subside

but noted that she got re-injured at work on May 29. There was no change in her objective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 C5-C6 cervical steroid injection, second injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines stipulates that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50 percent pain relief with associated reduction of medication use for six to eight weeks. In the progress report dated May 6, 2014, it specified that the injured worker has failed with conservative measures including epidural injection. Moreover, the injured worker's response to initial cervical epidural steroid injection including quantitative improvement in pain level, functional improvement and duration of relief were not documented. In the absence of documented satisfactory response with the first epidural injection, repeat of this procedure is therefore not medically necessary.

Monitored Anesthesia Care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Epidural steroid injections (ESIs)

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

Decision rationale: Since the second cervical epidural steroid injection is deemed not reasonably appropriate, the concurrent request for monitored anesthesia care is also considered not medically necessary.

1 Epidurography: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the second cervical epidural steroid injection is deemed not reasonably appropriate, the concurrent request for epidurography is also considered not medically necessary.