

Case Number:	CM14-0165611		
Date Assigned:	10/10/2014	Date of Injury:	09/01/2000
Decision Date:	12/12/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/08/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 49 year-old male with a 9/1/00 date of injury. The patient was most recently seen on 8/7/14 with complaints of chronic neck pain with radiation to the upper extremities. The patient had previous cervical epidural steroid injections, and reportedly experienced beneficial results. An MRI dated 3/28/14 showed a mild 2 mm disc bulge at the C6-7 level, with mild right-sided neuroforaminal narrowing, No significant left neuroforaminal narrowing was demonstrated. Exam findings revealed spasm and tenderness in the paravertebral muscles of the cervical spine, with decreased range of motion on flexion and extension. Neurological exam showed decreased sensation with pain in the C6 and C7 dermatomal distributions bilaterally. The patient's diagnoses included cervical radiculopathy. The medications included Norco and Norflex. Significant diagnostic tests include a MRI. Treatment to date includes medications and cervical epidural steroid injections. An adverse determination was received on 9/10/14 due to inadequate documentation of the patient's response to prior cervical epidural steroid injections. Details relating to the patient's response to past injections are necessary in order to meet the criteria for repeat injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: The California MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, California MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. This patient is under care for chronic neck pain of 14 years duration. Exam findings revealed tenderness and spasm of the paraspinal muscles, and a sensory radiculopathy affecting the C6-7 dermatomal distribution bilaterally. A recent MRI showed mild right-sided neuroforaminal narrowing. The patient had cervical epidural injections in the past, with reported benefit. However, according to California MTUS guidelines, repeat blocks can only be offered if specific beneficial effects and improvements are detailed. Such documentation is lacking in the current case. Therefore, the request for cervical epidural injection C6-7 is not medically necessary.