

Case Number:	CM14-0172680		
Date Assigned:	10/23/2014	Date of Injury:	06/29/2006
Decision Date:	12/24/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/20/2014

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 and is licensed to practice in Maryland. 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 employee was a 58 year old, who sustained an industrial injury on 06/26/06 while turning a patient. Her prior treatment included physical therapy, chiropractic treatment and acupuncture. Cervical MRI dated 09/02/14 revealed diffuse disc protrusion at C3-4, C4-5, C5-6 and C6-7 with bilateral neural foramina stenosis at C4-5, C5-6 with effacing of bilateral C5 and C6 exiting nerve roots as well as narrowing of left neural foramen at C6-7 effacing the left C7 exiting nerve root. The clinical note from 09/23/14 was reviewed. The main complaints were cervical spine pain that was 2/10, thoracic spine pain that was 8/10 and lumbar spine pain that was 8/10. Pertinent objective findings included moderate cervical paraspinous muscle tenderness and spasm extending to the bilateral trapezii, positive Spurling's sign bilaterally, facet tenderness at C4 through C7, limited range of motion of cervical spine and positive axial head compression bilaterally. She also had decreased sensation in the C5 and C6 dermatomes on the right and in the C5 through C7 dermatomes on the left. Upper extremity muscle testing showed decreased shoulder abductor strength and elbow flexor strength bilaterally and decreased elbow extensor strength on left side. Impression included cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome. She was noted to have moderate to severe neck pain radiating down both upper extremities in the C5-6 distributions bilaterally and the C7 distribution on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-5 Transfacet ESI: 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 rationale: According to the MTUS Chronic Pain Medical Treatment guidelines, epidural steroid injections are indicated in the treatment of radiculopathy. The medical records provided for review indicate that there was clinical evidence of radiculopathy and imaging corroboration. The request was for bilateral C4-5 transfacet epidural injection. She reportedly had failed conservative treatment. There was no documentation of prior cervical epidural injections. The denial letter states that there was a history of prior epidural steroid injections without any note on the reported response. Repeat ESIs 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. The documentation provided doesn't have any updated information about the reported prior ESIs and response to the blocks. The information provided is not sufficient to support the requested procedure. Therefore the request is not medically necessary.