

Case Number:	CM14-0176042		
Date Assigned:	10/29/2014	Date of Injury:	10/13/2009
Decision Date:	12/05/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/23/2014

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:

Patient is a 54-year-old male who has submitted a claim for cervical disc displacement associated with an industrial injury date 10/13/2009. Medical records from 2014 were reviewed. Patient complained of neck pain and spasm, rated 7 to 8/10 in severity. Symptoms initially improved after his cervical epidural steroid injection in February 2014. Pain was recently described as sharp and aching, aggravated by activities. Physical examination of the cervical spine showed limited motion and tenderness. Right hand grip and right shoulder resistance were measured as 4 plus /5. Sensation was diminished at right C6 and C7 dermatomes. Treatment to date has included cervical epidural steroid injection at C7 to T1 on 2/11/2014 resulting to 75 percent pain relief. Patient likewise reported improved overall function, reduced pain medications, and improved quality of sleep attributed to the procedure. Utilization review from 9/13/2014 denied the request for repeat cervical epidural steroid injection at C7 to T1, quantity one because of no documented functional improvement from previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection - steroid repeat cervical epidural, at C7-T1, Quantity: 1: Upheld

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

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

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. In this case, patient complained of neck pain and spasm, rated 7 to 8/10 in severity. Pain was described as sharp and aching, aggravated by activities. Physical examination showed radiculopathy manifested as weak right hand grip and right shoulder muscle strength with diminished sensation at right C6 and C7 dermatomes. Symptoms initially improved after his cervical epidural steroid injection in 2/11/2014. Patient reported improved overall function, reduced pain medications, and improved quality of sleep attributed to the procedure. He reported 75% pain relief upon ESI treatment. However, medical records submitted and reviewed failed to include an imaging study to document nerve root impingement. Therefore, the request for Injection - steroid repeat cervical epidural, at C7-T1, Quantity: 1 was not medically necessary.