

Case Number:	CM14-0024371		
Date Assigned:	09/10/2014	Date of Injury:	04/12/2012
Decision Date:	10/10/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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 Family 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:

The patient is a 47-year-old female who has submitted a claim for cervical radiculopathy associated with an industrial injury date of 4/12/2012. Medical records from 8/28/2013 up to 1/28/2014 were reviewed showing that the patient has continued headache and neck pain radiating down her left upper extremity up to her left thumb. Physical examination revealed pain when neck is flexed anteriorly, during extension, and lateral rotation of cervical spine. She also has hypoesthesia along the left arm and forearm. As per UR, an undated MRI showed C5-6 and C6-7 disc bulges. Treatment to date has included epidural injections for the neck, physical therapy, Paxil, Bupropion, Protonix, Lidoderm, Miralax, Fioricet, Vicodin, Zofran, ondansetron, and Vistaril. Utilization review from 2/12/2014 denied the request for left cervical epidural injection c5-c6 and c6-c7 times one under fluoroscopy and anesthesia time one. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical Epidural Injection C5-C6 and C6-C7 Times One Under Fluoroscopy And Anesthesia Time One: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: According to page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, repeat epidural steroid injection 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. In this case, the patient complains of neck pain that radiates down to her left thumb. Physical examination revealed pain when neck is flexed anteriorly, during extension, and lateral rotation of cervical spine. She also has hypoesthesia along the left arm and forearm. As per UR, an undated MRI showed C5-6 and C6-7 disc bulges. It was noted that she had multiple injections for the neck in the past. However, the number of injections, functional improvement, and objective findings from prior epidural steroid injections were not made available. In addition, her MRI does not show significant nerve damage. Therefore the request for left Cervical Epidural Injection C5-C6 and C6-C7 times one under fluoroscopy and anesthesia time one is not medically necessary.