

Case Number:	CM14-0037548		
Date Assigned:	06/25/2014	Date of Injury:	04/07/2010
Decision Date:	07/28/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 enrollee is a 35 year old female presenting with neck pain following a work related injury on 4/7/2010. On 3/4/2014, the enrollee reported right side of back and right arm pain. The pain radiates from her neck to her entire back into her lower back area. The enrollee's medication include Flexeril, Norco, Klonopin, Zoloft and Lidoderm Patch. The physical exam was significant for cervical spine tenderness in facet joint area, negative Spurlings test, cervical extension limited by pain. According to the medical records the enrollee had a cervical epidural steroid injection with limited benefits. The enrollee also tried physical therapy without benefit. MRI of the cervical spine on 3/22/2012 showed C4-5 and C5-6 posterior disc bulges, resulting in mild degrees of central canal and neural foraminal stenosis, minimal neural foraminal narrowing at C6-7 secondary to vertebral body spurring, no severe central canal and neural foraminal stenosis. The provider recommended a repeat cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C6-C7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Epidural Steroid Injections, page(s) 47 Page(s): 47.

Decision rationale: Cervical Epidural Steroid injection C6-7 is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The claimant had an epidural steroid injection previously with limited benefit. Without previous benefit of at least 50% for at least six weeks, the requested procedure is not medically necessary.