

Case Number:	CM14-0042150		
Date Assigned:	06/30/2014	Date of Injury:	01/29/2008
Decision Date:	08/15/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/09/2014

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 Physical Medicine and Rehabilitation 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 56-year-old male who has submitted a claim for cervical disc displacement without myelopathy associated with an industrial injury date of 01/29/2008. Medical records from 2014 were reviewed and showed that patient complained of right arm pain and weakness. Physical examination showed no tenderness in the right arm. Muscle strength was equal bilaterally in the deltoid, biceps, and triceps. The MRI of the cervical spine showed multiple level cervical spondylosis, bilateral foraminal narrowing at C4-C5, right foraminal narrowing at C5-C6, and left foraminal narrowing at C6-C7. Official report of the imaging study was not provided for review. Treatment to date has included epidural steroid injection. Utilization review, dated 03/27/2014, denied the request for cervical epidural steroid injection with ultrasound guidance and moderate sedation because the records did not document objective neurological deficits on examination, imaging studies did not clearly describe nerve root impingement, and there were no specific functional improvement or medication reduction described.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection with ultrasound guidance and moderate sedation:

Upheld

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

Disability Guidelines, Neck & Upper Back, Ultra Sound, diagnostic (imaging) Official Disability Guidelines, Epidural Steroid Injections (ESIs).

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

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 to 8 weeks. In addition, guidelines do not support more than 2 injections. In this case, the patient complains of right arm pain and weakness. The patient has had previous ESIs, the last of which provided pain relief for almost 10 months, as stated on a progress report dated 03/14/2014. However, physical examination failed to show radiculopathy and neurologic deficits. Moreover, the undated MRI of the cervical spine failed to specify the degree of foraminal narrowing, or show neural compression. Furthermore, the medical records submitted for review did not indicate the number of previous ESIs performed, as guidelines do not recommend more than 2 ESIs. There was also no discussion regarding percent pain relief, reduction of medication intake, or functional improvement from previous ESIs. Lastly, the present request as submitted failed to specify the level and laterality of the intended procedure. The criteria for ESI have not been met. Therefore, the request for Cervical Epidural Steroid Injection With Ultrasound Guidance And Moderate Sedation is not medically necessary.