

Case Number:	CM14-0055230		
Date Assigned:	07/07/2014	Date of Injury:	07/05/2006
Decision Date:	08/26/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/16/2014

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:

The patient is a 60-year-old male who has submitted a claim for cervical spondylosis, cervical facetarthropathy, cervical degenerative disk disease, and myofascial pain; associated with an industrial injury date of 07/05/2006. Medical records from 2010 to 2014 were reviewed and showed that patient complained of neck pain worsened by activity, and accompanied by bilateral wrist weakness. Physical examination showed tenderness over the bilateral cervical paraspinals. Range of motion of the cervical spine was normal. Facet loading test was positive. Sensation was intact. Motor strength was normal. Treatment to date has included medications, physical therapy, radiofrequency ablation, and epidural steroid injection. Utilization review, dated 04/02/2014, denied the request for epidural steroid injection because radiculopathy was not documented and corroborated by imaging studies, and there was no documentation of functional restoration or medication sparing effect with previous ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 Interlaminar ESI under fluoroscopy with IV sedation x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (Updated 03/18/14) Epidural Steroid Injections, Sedation.

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

Decision rationale: As stated on page 46 of the CA 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. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. In this case, the patient complains of neck pain with bilateral wrist pain despite medications, physical therapy, and C7-T1 interlaminar epidural steroid injection with catheter advancement to C5-C6 on 02/22/2013. However, physical examination failed to demonstrate radiculopathy, or neurologic deficits at the requested levels. Moreover, there are no imaging or electrodiagnostic studies provided that show significant foraminal narrowing, nerve root compromise, or radiculopathy. Furthermore, there was no discussion regarding pain relief or functional improvement derived from the previous ESI. Repeat ESI is contingent on its efficacy. Lastly, the present request as submitted exceeds the allowable number of ESIs, as guidelines do not recommend more than 2 ESIs. The criteria for ESI have not been met. Therefore, the request for C5-6 INTERLAMINAR ESI UNDER FLUOROSCOPY WITH IV SEDATION X3 is not medically necessary.