

Case Number:	CM14-0063716		
Date Assigned:	07/11/2014	Date of Injury:	10/08/2008
Decision Date:	09/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/06/2014

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 Tennessee. 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 fracture of cervical vertebra, malunion of fracture, cervical intervertebral disc degeneration, brachial neuritis/radiculitis, and lesion of ulnar nerve; associated with an industrial injury date of 10/08/2008. Medical records from 2013 to 2014 were reviewed and showed that patient complained of constant moderate neck pain as well as stiffness with radiation from his neck down between his shoulder blades in his upper back. Physical examination showed tenderness over the spinous processes at mid-cervical levels, at the cervico-thoracic junction, bilateral trapezius muscles, and over the spinous processes and paraspinal muscles in the upper thoracic spine. Range of motion was limited. DTRs were unobtainable at the triceps and brachioradialis, and trace and symmetrical at the biceps. Motor testing demonstrated grade 5 strength without any neurological deficits. MRI and EMG of the upper extremities was done on 04/08/2014, but the results were not provided for review. Treatment to date has included medications, physical therapy, and epidural steroid injection. Utilization review, dated 04/28/2014, denied the request for cervical epidural steroid injection because the neurologic examination done on April 2014 was normal, and there was no MRI or EMG to verify pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-C6 cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 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 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, with a general recommendation of no more than 4 blocks per region per year. 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 radicular symptoms despite medications, and physical therapy. The patient has had multiple ESIs, the latest of which was performed on 11/17/2013 which provided 80% pain relief which wore off by April 2014. However, there is no discussion regarding functional improvement derived from the procedure. Moreover, the physical examination findings were not suggestive of radiculopathy. Furthermore, the results of the MRI and EMG performed on April 8, 2014 were not submitted for review. The criteria have not been met. Therefore, the request for bilateral C5-C6 cervical epidural steroid injection is not medically necessary.