

Case Number:	CM14-0065175		
Date Assigned:	07/11/2014	Date of Injury:	01/13/2014
Decision Date:	08/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/08/2014

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 claimant is a 42 year old female presenting with chronic pain following a work related injury on 1/13/2014. The claimant complained of low back pain, bilateral foot and lower extremity pain with associated numbness, weakness, cramps and burning. Additionally the claimant complained of neck pain radiating into bilateral shoulders, upper extremities and into the fingers, rated 6-9/10, bilateral wrist and hand pain rated 7-8/10. The pain is associated with numbness and tingling in the bilateral upper extremities with weakness. The claimant's medications included Anaprox, Prilosec, Flexeril and Ultram. The physical exam showed right grip strength of 35/30/30 and left grip strength of 40/35/35, sensory testing was reduced in the upper extremity in the distribution of the median nerve bilaterally, altered sensation in the distribution of the right and left C5-6 nerve root, weakness in the bilateral upper extremities and 1.5 brachioadialis reflexes bilaterally at C6. MRI of the cervical spine on 3/3/2014 showed 3 mm broad midline disc protrusion with moderate central canal narrowing and a 3mm right foraminal disc osteophyte complex with abutment of the exiting right cervical nerve root at the C6-7 level, as well as a 3 mm midline disc protrusion resulting in mild central canal narrowing at the C4-5 level. EMG/NCV of the upper and lower extremities was normal. The provider recommended a cervical epidural steroid injection at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Block at C6-C7 With Catheter Covering Additional Level C4-C5 (Unspecified Laterality), As an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: Cervical Epidural Block at C6-C7 With Catheter Covering Additional Level C4-C5 (Unspecified Laterality), As an Outpatient 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 physical exam and diagnostic imaging does not corroborate cervical radiculopathy for which the procedure was requested. Specifically, the EMV/NCV was normal and the MRI showed diffuse disc disease without focal involvement of the pain associated with cervical radiculitis; therefore, the requested service is not medically necessary.