

Case Number:	CM14-0069417		
Date Assigned:	07/14/2014	Date of Injury:	09/01/2012
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/14/2014

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:

This is a 49 year old male with a 9/1/12 date of injury. There is no specific traumatic event reported. The patient states that his injury is related to the cumulative effects of repetitive movements at his occupation over the years. In a 4/25/14 progress note, subjective complaints include bilateral neck pain radiating to his trapezius muscles of 6/10 severity. He also has numbness and tingling in his hands. Objective findings include neck flexion to 15 degrees, extension to 15 degrees, and rotation to 20 degrees either side. There are no motor deficits. Upper extremity reflex testing is within normal limits. There is decreased sensation to bilateral hands. EMG/NCS of the upper extremities on 10/2/12 was within normal limits. C-spine MRI on 11/8/12 showed a C4/5 5 mm paracentral disc protrusion abutting the left side of the cord and impinging on the left ventral nerve root. Diagnostic Impression: cervical radiculopathy, cervical herniated disc, cervical strain. Treatment to date: C4/5 epidural steroid injection on 9/16/13-- follow-up note indicates the injection was fantastic for one day and the next day he had worse pain. A prior UR decision on 5/1/14 denied the request for epidural spinal injection on the basis that EMG/NCV results and exam findings do not support the diagnosis of cervical radiculopathy. In addition, the patient felt worse after his first epidural steroid injection from several months prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection at level C4-C5: Upheld

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

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

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. In the present case, there is no documentation of prior conservative treatment such as NSAIDs or physical therapy. In addition, the epidural steroid injection done several months prior seemed to make the patient worse. Current guidelines suggest at least 50% pain relief for at least 6 weeks prior to a repeat epidural steroid injection. The diagnosis of cervical radiculopathy is also in question since EMG/NCV findings and physical exam results do not support that diagnosis. Therefore, the request for cervical epidural injection at C4/5 is not medically necessary.