

Case Number:	CM14-0078056		
Date Assigned:	07/18/2014	Date of Injury:	06/11/2012
Decision Date:	09/23/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/27/2014

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 enrollee is a 32 year old female presenting with chronic neck pain following a work related injury on 06/11/2012. The claimant complained of low back and neck pain associated with headache and left arm pain. The lumbar spine pain radiated to the left leg. The claimant has a history of cervical and lumbar degenerative disc disease. The physical exam showed cervical rotation was limited to about 30 degrees to the left and 20 degrees to the right, extension was minimal beyond neutral and forward flexion was no more than 10 degrees, significant midline tenderness as well as over the facets bilaterally in the cervical spine, lumbar spine tenderness midline and paraspinously, positive straight leg raise on left, positive bilateral Patrick's, mild hypoesthesia and dysesthesia over the posterolateral arm and leg. MRI of the cervical showed reversal of cervical lordosis with apex at C5-6, C2-3, and C3-4 normal. C4-5 has minimal subligamentous disc bulge partially effacing the ventral CSF. C5-6 has minimal subligamentous disc bulge contacting then ventral cord surface with minimal mass effect. The claimant was diagnosed with cervical degenerative disc disease, cervical radiculopathy consistent with C6 distribution, lumbar degenerative disc disease, lumbar radiculopathy consistent with S1 distribution, chronic cervical neck pain, chronic lumbar back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C5-C6. (4-6 weeks after LESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Chronic Pain Medical 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 steroid Injection under fluoroscopic guidance C5-C6 (4-6 weeks after LESI) 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 claimant physical exam does not clearly display cervical radiculopathy. Additionally, there are no imaging or diagnostic studies demonstrating a specific nerve root pathology amenable to a cervical epidural steroid injection. Therefore, the requested procedure is not medically necessary.