

Case Number:	CM14-0079884		
Date Assigned:	07/18/2014	Date of Injury:	04/25/2012
Decision Date:	08/15/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/30/2014

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 74 year old female presenting with neck pain following a work related injury on 04/25/2012. The claimant was diagnosed with cervical radiculopathy and spondylolisthesis. Cervical X-rays on 8/4/2012 showed a 4 mm anterolisthesis oc C4 on C5 with moderate degenerative changes from C4-5 to C6-7. A cervical MRI on 9/17/2012 showed anterolisthesis of C4 over C5 with disc space narrowing and mild bilateral neuroforaminal stenosis, narrowing of the central canal over C5-6 and C6-7 due to osteophyte complexes. EMG/NCV of the upper extremities on 12/19/2012 revealed no radiculopathy. The claimant has tried physical therapy. On 5/21/2014, the claimant complained of neck pain that "shoots up the back of her neck into the base of the her skull. The claimant's current medications include Verapamil, Atorvastatin, Pantoprazole, Losartan-HCTZ, Naproxen and singulair. The physical exam on 2/13/2014 showed paraspinal muscle tenderness, trigger points on palpation, with decreased range of motion in degrees of 30 flexion, 20 extension, 70 left rotation, 60 right rotation; 30 left lateral bending, 20 right lateral bending. A claim was made for cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection, Right C5-6: 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: 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's physical exam and electrodiagnostic studies does not corroborate a radiculopathy that would be amenable to a Cervical Epidural Steroid Injection, Right C5-6; therefore, the request is not medically necessary.