

Case Number:	CM14-0082507		
Date Assigned:	07/25/2014	Date of Injury:	06/07/2012
Decision Date:	09/24/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/04/2014

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 Physical Medicine & Rehabilitation 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 63 year old male with a 6/7/2012 date of injury. He was rear-ended in a motor vehicle accident causing a whiplash injury. A progress report dated 4/29/14 noted subjective complaints of continued moderate to severe neck and left shoulder pain. He has numbness and tingling to the C5 and C6 nerve distributions on the left. Objective findings included cervical paraspinal tenderness and spasm. There was 5/5 strength of bilateral upper extremities. There was diminished sensation in the C6 left nerve root distribution. There were symmetric upper extremity reflexes. A cervical MRI 7/13 showed diffuse disc protrusions and diffuse mild to moderate neural foraminal narrowing. EMG 7/12 had evidence of moderate left C7 radiculopathy. It is noted in 2/2014 progress report that the prior cervical ESI (epidural steroid injection) gave the patient up to 30% relief x 1 month in the past. Diagnostic Impression: cervical radiculopathy, cervical strain. Treatment to date: prior cervical ESI, medication management. A UR decision dated 5/8/14 denied the request for injection to the cervical/thoracic spine. The patient's previous epidural injection was not documented as having provided long-term benefit. The neurologic picture and electrodiagnostic studies did not exactly match, and the MRI report was not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection to the cervical/thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

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 [non-steroid anti-inflammatory drug] 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. However, in the provided documents for review, it is noted that the prior cervical ESI (epidural steroid injection) only provided 30% relief for 1 month. Additionally, the proposed treatment does not specify which level or levels as well as which side or sides intend to be injected. Therefore, the request for injection to the cervical/thoracic spine was not medically necessary.