

Case Number:	CM14-0018661		
Date Assigned:	04/18/2014	Date of Injury:	05/13/1991
Decision Date:	02/05/2015	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/13/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 67 year old male with an injury date on 5/13/91. The patient complains of low lumbar pain radiating into bilateral lower extremities, rated 8/10 per 1/16/14 report. The patient has recently had cervical pain with associated cervicogenic headaches, pain radiating into bilateral upper extremities per 1/16/14 report. The patient had a cervical epidural steroid injection on 7/25/13 and is still feeling the effects of it per 12/17/13 report. The cervical epidural steroid injection on 7/25/13 gave close to 5 months of relief with improvement in mobility per 1/16/14 report. Based on the 1/16/14 progress report provided by the treating physician, the diagnoses are: 1. lumbar post-laminectomy syndrome 2. bilateral lower extremities radiculopathy, left > right 3. bilateral knee internal derangement 4. s/p L4-5 and L5-S1 anterior posterior interbody fusion from 7/11/025. s/p left total knee replacement 6. s/p right knee arthroscopic repair 7. cervical myoligamentous injury with right upper extremity radiculopathy-industrial related 8. right shoulder rotator cuff tear 9. unsuccessful spinal cord stimulation trial 10. unsuccessful intrathecal pump trial 11. hypogonadism due to chronic opiate use 12. medication induced gastritis A physical exam on 1/16/14 showed "C-spine range of motion is reduced, with extension at 50% of normal." The patient's treatment history includes medications, heavy walking cane, lumbar epidural steroid injection, cervical epidural steroid injection, knee brace. The treating physician is requesting cervical epidural injection C5-6. The utilization review determination being challenged is dated 2/4/14. The requesting physician provided treatment reports from 8/21/13 to 3/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection C5-C6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: This patient presents with lower back pain, bilateral lower extremity pain. The provider has asked for cervical epidural injection C5-6 on 1/16/14. A cervical MRI dated 10/23/07 showed 3 to 4 mm disc bulges at C3-4, C4-5, C5-6, and C6-7 with bilateral neural foraminal narrowing per 1/16/14 report. Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient had a prior cervical epidural steroid injection more than 5 months ago, which gave 5 months of relief with improvement in mobility. Although the prior injection gave significant relief, there is no documentation of a reduction in medication usage in relation to the prior injection as per MTUS guidelines for repeat injections. According to MTUS, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The requested epidural cervical spine is not medically necessary.