

Case Number:	CM14-0193511		
Date Assigned:	12/01/2014	Date of Injury:	10/16/2012
Decision Date:	01/15/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/18/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 female patient with the date of injury of October 16, 2012. A Utilization Review dated October 21, 2014 recommended non-certification of 1 left C6-7 TFESI. A Visit Note dated October 7, 2014 identifies Chief Complaint of neck pain. Last cervical injection on 2/22/14 resulted in more than 2 months of pain relief of greater than 50%. She has had some ongoing neck pain and spasming. She is noting some pain and stiffness in the area of her trapezius/cervical region, and now her radicular pain component is much worse and her arm is increasingly numb. Physical Examination identifies weak left grip strength and triceps extension on the left, diminished brachioradialis reflex left. The cervical muscles are in spasm. Diagnoses identify cervical disc displacement without myelopathy, cervical disc degeneration, fasciitis not otherwise specified, and brachial neuritis or radiculitis not otherwise specified. Plan identifies left C6-C7 epidural injection in order to address the radicular component of her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left C6-7 TFESI: Upheld

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

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

Decision rationale: Regarding the request for 1 left C6-7 TFESI, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines state that repeat epidural injections should be based on documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. Within the documentation available for review, there is documentation of 2 months of pain relief of greater than 50% after previous injection. However, there is no documentation of associated reduction in medication use and functional improvement following previous epidural injection. In the absence of such documentation, the currently requested 1 left C6-7 TFESI is not medically necessary.