

Case Number:	CM14-0196109		
Date Assigned:	12/04/2014	Date of Injury:	03/25/2003
Decision Date:	01/15/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 patient is a 30-year-old female presenting with a work-related injury on 03/25/2003. On October 14, 2014 the patient complained of neck pain radiating to the upper extremity which interfere with lifting, pushing and pulling objects, as well as overhead activities. The physical exam was significant for spasms and tenderness in the paravertebral musculature with decreased range of motion in flexion and extension; there is decreased sensation noted in the C6 dermatomes bilaterally with pain; weakness with flexion and extension of the elbow and with abduction of the arms. MRI of the cervical spine on December 9, 2009 revealed one small series in the lower cervical cord; C3-C-4 2 to 3 mm left greater than right bridging/osteophyte uncovertebral osteophyte contribute to severe left foraminal stenosis, mild to moderate stenosis, and mild spinal canal stenosis; C6-C7 3 to 4 mm left posterior/left injured foraminal protruded disc in addition to 2 to 3 mm disc bulge injury to moderate to severe left foraminal stenosis, mild spinal canal stenosis and mild right foraminal stenosis. The patient has attempted to conservative management the cervical spine the form of medication and therapy. The patient was diagnosed with cervical radiculopathy.

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 C6-C7: 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 Page(s): 47.

Decision rationale: The request for a cervical epidural steroid injection at C6-C7 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 physical exam and is not consistent with radicular pain in the distribution for which the epidural is requested. Additionally, there is lack of documentation of at least 4-6 weeks of failed conservative therapy including with physical therapy and medications including anti-inflammatory medications. Therefore, this request is not medically necessary.