MAXIMUS Federal Services

Case Number:	CM14-0209790		
Date Assigned:	12/19/2014	Date of Injury:	12/01/2011
Decision Date:	02/18/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 37-year-old male with a date of injury of 12/01/2011. According to progress report dated 11/05/2014, the patient presents with occasional neck soreness but is essentially symptom-free at this time. It was noted the patient has right C6 radiculopathy, C5-C6 foraminal stenosis, and has had a cervical epidural injection in the past. Examination revealed decreased sensation to the right C6 nerve distribution. Bilateral upper and lower extremity strength is 5/5. There is positive Lhermitte's sign on the right-hand side and negative on the left. Hoffmann's sign is negative bilaterally. The listed diagnosis is cervical disk disorder with radiculopathy. MRI of the cervical spine dated 10/25/2013 indicates at the C5-C6 level there is a broad-based disks/osteophyte complex measuring up to 4 mm. There is mild bilateral facet hypertrophy and moderate spinal canal stenosis and moderate bilateral neuroforaminal narrowing. The treating physician states that the patient has C5-C6 herniated disk with a right C5-C6 foraminal stenosis and classic C6 radiculopathy, and has done well with cervical ESI in the past, and currently has recurrence of symptoms. The patient has failed medical management at this point, and recommendation is made for a repeat cervical ESI with [redacted], a pain management physician. The utilization review denied the request on 11/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 cervical epidural steroid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46-47.

Decision rationale: This patient presents with chronic neck complaints with C6 radiculopathy. The current request is for C5-C6 cervical epidural steroid injection. The MTUS Guidelines has the following regarding epidural steroid injection under the chronic pain section pages 46 and 47, "Recommended as an option for treatment of radicular pain, to find this pain in the dermatomal distribution or corroborated findings of radiating symptoms." For repeat injections during therapeutic phase, "Continued objective documented pain and functional improvement includes at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." This patient presents with radicular symptoms with MRI findings that showed moderate foraminal stenosis at the C5-C6 level. Review of the medical file indicates the patient underwent a cervical epidural injection on 03/14/2014. There is a gap in progress reports, and the earliest following progress report is dated 08/08/2014. On 11/05/2014, the treating physician noted the patient had a cervical ESI in the past which "have helped significantly." In this case, recommendation for repeat injection cannot be supported as there is no documentation as required by MTUS for repeat injections. There is no documentation of functional improvement, at least 50% pain relief and associated reduction of pain medication use. MTUS further states that "there is insufficient evidence to make any recommendation for the use of epidural steroid injection to treat radicular cervical spine pain." Therefore, this request for cervical epidural steroid injection is not medically necessary.