

Case Number:	CM15-0142809		
Date Assigned:	08/03/2015	Date of Injury:	01/05/2010
Decision Date:	08/31/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/23/2015

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 & Rehabilitation, Pain Management

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 injured worker is a 57 year old female who sustained an industrial injury on 01-05-2010. The injured worker was diagnosed with cervical disc protrusion, cervical radiculopathy and cervical sprain and strain. No surgical interventions were documented except for epidural steroid injections. Treatment to date has included diagnostic testing, physical therapy, cervical epidural steroid injections and medications. According to the primary treating physician's progress report on June 26, 2015, the injured worker was experiencing some flare-ups of left sided neck pain with numbness, tingling and weakness. The injured worker also reported heartburn and gastritis with medication usage. The injured worker rates her pain level at 8-9 out of 10 without medications and 4-5 out of 10 with medications. The latest cervical epidural steroid injection in October 2014 was noted to alleviate radicular symptoms to a tolerable level for approximately 6-7 months. Examination demonstrated tenderness to palpation over the left C5-6 and C6-7 cervical interspaces with muscular spasm and guarding over the left splenius cervicis and upper trapezius muscles. Range of motion was limited to approximately 50-60% of the normal range. Motor strength was diminished on the left shoulder flexion, abduction, elbow flexion and left hand grip with decreased sensation over the left C6 nerve distribution. Deep tendon reflexes in the biceps and brachioradialis were diminished. Current medications are listed as Norco 5mg-325mg for break through pain, Soma, Ambien, Prozac, Prilosec and topical compounded analgesics. Treatment plan consists of medication regimen as prescribed and the current request for C5-6 epidural steroid injection. An MRI dated March 9, 2010 of the cervical spine shows left C5-6 neural exit foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 cervical epidural injection x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 48-49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: Regarding the request for repeat cervical epidural steroid injection, 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 identification of radiculopathic findings and complaints, and improvement from previous epidural injections. Additionally, an MRI shows neuroforaminal stenosis at the proposed treatment level. Unfortunately, the current request for 2 injections is not supported by guidelines. Guidelines recommend performing one injection, and the documenting analgesic efficacy, objective functional improvement, and duration of relief to support the need for additional injections. As such, the currently requested repeat cervical epidural steroid injection x2 is not medically necessary.