MAXIMUS Federal Services

Case Number:	CM15-0084028		
Date Assigned:	05/06/2015	Date of Injury:	05/01/2009
Decision Date:	06/08/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/01/2015

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 58-year-old male, with a reported date of injury of 05/01/2009. The diagnoses include cervical disc displacement, cervical radiculitis, and degeneration of cervical intervertebral disc. Treatments to date have included ice, non-steroidal anti-inflammatory drugs, heat, an MRI of the cervical spine, which showed bulging discs, and physical therapy. The progress report dated 03/09/2015 indicates that the injured worker complained of neck pain with radiation to the right shoulder. There was numbness and weakness noted in the arm, and paresthesia in the hand. The injured worker stated that the increased neck pain made it difficult to perform his activities of daily living. The pain had increased since the last visit. It was noted that conservative treatments had not improved the pain. The objective findings include asymmetry of the neck and shoulders, tilting of the head and neck to the left, left trapezius tenderness, tenderness to palpation in the trapezial area, full cervical spine range of motion, intact upper extremity sensation to light touch, and normal muscle strength in the upper extremities. The treating physician requested C5-6 cervical steroid injection with epidurography and monitored anesthesia care. It was noted that the injured worker's neck pain symptoms were daily and greater than the last six months. On 04/15/2015, Utilization Review (UR) denied the request, noting that there was no clear subjective evidence of cervical radiculopathy. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) C5-C6 cervical steroid injection with epidurography and monitored anesthesia care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, while there is evidence of radiculopathy in the past, there is no current clinical and imaging/electrodiagnostic evidence corroborating the presence of radiculopathy. Furthermore, while the patient was noted to have pain relief from prior ESI in 2013, the documentation did not include evidence of functional improvement and decreased pain medication use after that injection, nor was the duration of relief identified. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.