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| Case Number: | CM13-0026247 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 07/30/2005 |
| Decision Date: | 04/07/2014 | UR Denial Date: | 08/21/2013 |
| Priority: | Standard | Application Received: | 09/18/2013 |

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 51 year old female with an injury date on 07/30/05. Based on the 01/03/13 PR-2 provided by [REDACTED], the patient presents with chronic neck pain due to degenerative disc disease with facet osteoarthropathy, which is rated 5 out of 10 on the VAS scale. "Pain is an intermittent pain that can increase to a sharp, shooting pain that is tingling and burning in sensation radiating into her head and down her left arm." She has pain in her right hand as well as myofascial pain and spasms with trigger points in bilateral trapezius and levator scapulae muscles as well as the deep cervical fascia. This 01/03/13 PR-2 mentions a previous injection which helped temporarily decrease the patient's headache, however no history of previous injections are given. [REDACTED] requests a cervical epidural steroid injection at C5/6. Based on a 07/19/13 report by [REDACTED], the patient's "cervical, flexion, extension, and lateral rotation are all limited to 45% of normal on right and 0% on left due to cervical myofascial pain and spasming. Muscle spasms in the neck limits activities of daily living and increases the need for increased pain medication. On ipsilateral rotation with flexion, the patient is able to elicit the radicular pain into the left arm. Motor function is 5-/5 in bilateral upper extremities but there is weakness with left hand grip-strength. Right hand is painful to passive range of motion and palpation. Also, the right hand limits the activities of daily living. There is a decreased sensation and 5-/5 motor."

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 C5/6: 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 Page(s): 46,47.

Decision rationale: The MTUS Chronic Pain Guidelines allow for cervical epidural steroid injections for radiculopathy. In this case, radiculopathy is not well documented. Although the patient has left arm pain, it is not described in a dermatomal distribution. An MRI showed a small disc protrusion but it does not describe the patient's left arm symptoms very well. Most importantly, the patient has had these injections in the past without lasting benefit. The MTUS Chronic Pain Guidelines require 50% reduction of pain lasting 6 weeks or more with reduction in medication use for repeat injection. In this patient, such is not documented. Given the lack of clear documentation of radiculopathy, and prior injections that have failed, the request for a cervical epidural steroid injection at C5-6 is not medically necessary and appropriate.