

Case Number:	CM14-0114711		
Date Assigned:	09/19/2014	Date of Injury:	11/02/1989
Decision Date:	10/21/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/21/2014

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 Medicine and is licensed to practice in Florida. 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 injured worker is a 67-year-old female who reported an injury on 11/02/1989 due to an unknown mechanism. The diagnoses were chronic cervical sprain/strain syndrome, status post cervical spine fusion, right shoulder impingement syndrome, chronic lumbar sprain/strain syndrome, lumbar stenosis and spondylosis, multilevel disc bulging, C3-4 disc protrusion, and insomnia. Past treatments have been medications, physical therapy, and acupuncture. Physical examination on 08/04/2014 revealed complaints of stabbing pain in the neck that the injured worker rated at 4/10 on the pain scale. There were complaints of pain with numbness in the right arm which was reported 4/10. There were complaints of aching pain in the low back that was rated a 2/10. MRI of the cervical spine revealed at C3-4, a 2 mm broad-based endplate osteophytic ridge and disc complex with mild cord compression; mild to moderate spinal stenosis; at C4-5, moderate degree of foraminal stenosis due to lateral osteophytic ridge and uncal joint arthrosis. Examination of the cervical spine revealed tenderness in the paraspinous musculature of the cervical region and the anterior neck. Range of motion for the cervical spine flexion was to 35 degrees, extension was to 35 degrees, rotation right was to 40 degrees, and rotation left was to 40 degrees. There was mild spasm on the cervical range of motion present. Sensory testing with a pinwheel was normal. Motor examination by manual motor test was normal except for mild shoulder elevation weakness due to pain. There was a mild positive head compression and negative Spurling's maneuver. Treatment plan was for bilateral C3-5 cervical epidural injection. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3 - 5 Cervical epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid Injections.

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

Decision rationale: The decision for bilateral L3-5 cervical epidural injection is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs, and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. The California Medical Treatment Utilization Schedule guidelines recommend for repeat epidural steroid injection, there should be objective documented pain relief and functional improvement, including 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 region per year. The injured worker did not have radicular symptoms upon examination. It was not reported that the injured worker was unresponsive to conservative treatment such as physical therapy, home therapy, or acupuncture. Pain relief for 6-8 weeks was not documented. There are no neurological deficits documented. The clinical information submitted for review does not provide evidence to justify a bilateral C3-5 cervical epidural injection. Therefore, Bilateral C3 - 5 Cervical Epidural Injection is not medically necessary.