

Case Number:	CM14-0118695		
Date Assigned:	08/06/2014	Date of Injury:	04/16/2012
Decision Date:	10/08/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/28/2014

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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 45-year-old female who reported injuries due to a trip and fall, falling face forward and hitting her head with no loss of consciousness on 04/16/2012. On 07/10/2014, her diagnoses included multilevel cervical disc degeneration, C5-6 disc protrusion with foraminal stenosis, and recurrent cervicgia with right cervical radiculopathy. On 01/09/2014, it was noted that this injured worker had already received 2 cervical epidural steroid injections and a recommendation was made for a third. On 01/20/2014, she received her third cervical epidural steroid injection. On 06/12/2014, her complaints included dull to sharp pain in the neck occurring most of the time, radiating to the bilateral arms with numbness and tingling. It was noted that she had received epidural steroid injections to both the neck and lower back and was in "about the same shape". Her cervical ranges of motion measured in degrees were flexion 40/45, extension 35/45, right rotation 60/80, left rotation 65/80, right and left lateral bending were both 35/45. There was tenderness noted at the midline cervical spine C4-7 and the left paracervical spinal musculature. The note on 07/10/2014 stated that the injured worker had improved with a greater than 50% reduction of pain and symptoms with each of her cervical epidural steroid injections. A recommendation was made for another epidural injection since these had been helpful of her in the past. There was no Request for Authorization included in the injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat cervical epidural injection C5-C6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for repeat cervical epidural injection C5-6 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, but no more than 2 ESI injections. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. They can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. Epidural steroid injections may lead to an improvement in radicular pain between 2 to 6 weeks following the injection but they do not affect impairments of function or the need for surgery and do not provide long term pain relief beyond 3 months. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. The guidelines do not support the use of epidural steroid injections of the cervical spine. Additionally, the request did not include fluoroscopy for guidance. Therefore, this request for repeat cervical epidural injection C5-6 is not medically necessary.