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| Case Number: | CM14-0123352 | | |
| Date Assigned: | 09/26/2014 | Date of Injury: | 11/10/2007 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 07/22/2014 |
| Priority: | Standard | Application Received: | 08/05/2014 |

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 Management and is licensed to practice in Tennessee. 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:

This is a 47-year-old female with a 11/10/07 date of injury. She was performing deep tissue massage and felt a deep severe pain in her right shoulder (deltoid). According to a progress report dated 6/13/14, the patient complained of pain and discomfort in the cervical spine region and swelling in her feet and ankle. She also complained of headaches, blurred vision, and gastritis. The provider is requesting a cervical epidural injection at C5-6 and C6-7. The patient has failed to improve with conservative care including physical therapy, rest, and medications. There are radicular findings on clinical exam. MRI results from October 2012 demonstrate multiple level disc herniations. Objective findings: range of motion of cervical spine: flexion 45 degrees, extension 50 degrees, right and left lateral bending 30 degrees with +2 spasms over the upper trapezius, bilaterally. Diagnostic impression: herniated cervical disk with radiculitis/radiculopathy, bilateral carpal tunnel syndrome, anxiety/depression associated with headaches. Treatment to date: medication management, activity modification, transcutaneous electrical nerve stimulation (TENS) unit. A UR decision dated 7/22/14 denied the request for epidural injection to C5-C6, C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection to C5-C6, C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy)

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. However, in the present case, there were no subjective and objective findings of radiculopathy documented by clinical history and examination. In addition, there is no documentation of any recent diagnostic studies or imaging studies that would corroborate the medical necessity for the requested service. Although there is reference to an MRI dated October 2012, the report was not provided for review. Therefore, the request for Epidural Steroid Injection to C5-C6, C6-C7 is not medically necessary.