

Case Number:	CM14-0124197		
Date Assigned:	08/08/2014	Date of Injury:	09/21/1990
Decision Date:	09/30/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/06/2014

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 Family Medicine and is licensed to practice in California, Florida, and 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:

The injured worker is a 62-year-old female who was injured on 09/21/90. The mechanism of injury is not described. The injured worker is status post fusion at C5-6. Clinical note dated 03/15/12 states this surgery was performed "about 20 years ago" and states the injured worker was doing well until "about 6 years ago." It is noted the injured worker underwent physical therapy at that time which provided a considerable amount of relief. This note indicates the injured worker's pain does remain and increases in intensity at times. Neurosurgical Consultation report dated 08/21/13 notes the injured worker's principle concern is that of the cervical spine injury and indicates that a recommendation for a cervical epidural steroid injection (ESI) had been submitted in October of 2011. This report indicates the injured worker did receive a cervical ESI in early 2012 and notes the injured worker reported an "outstanding result." This report references an MRI of the cervical spine dated 06/24/11 which revealed a disc bulge with mild foraminal narrowing at C3-4, a disc bulge at C4-5, a solid fusion at C5-6 with mild canal narrowing but no foraminal narrowing, and a disc bulge at C6-7 with moderate bilateral neuroforaminal narrowing. Supplemental Orthopedic Evaluation report dated 03/02/14 again references the 2012 injection and includes a recommendation for another cervical ESI. It is noted similar relief is anticipated. Physical examination of the cervical spine is significant for tenderness along the left cervical paraspinal muscles. It is noted the injured worker demonstrates good movement of the shoulder, elbow, wrist and hand and sensation is intact. Subsequent progress reports are submitted for review but are difficult to read. These notes do not appear to include objective physical examinations. A request for "Epidurals" is submitted on 07/16/14 and is denied by utilization review (UR) dated 07/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection at 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for a cervical epidural steroid injection at C6-7 is not recommended as medically necessary. Records indicate the injured worker has received a previous cervical ESI (Epidural Steroid Injection) in 2012. The MTUS Chronic Pain Medical Treatment Guidelines state repeat injections "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." Submitted records state the injured worker experienced significant relief from the prior injection; however, the amount and duration of this relief is not specified. Records do not note whether the injured worker was able to reduce medication usage or whether she experienced an increase in functional ability due to the injection. Guidelines further state criteria for the use of ESIs includes evidence of an active radiculopathy upon physical examination which is corroborated by imaging and/or electrodiagnostic studies. The records submitted for review did not contain an objective physical examination revealing evidence of an active radiculopathy. There were no provocative tests such as Spurling's maneuver noted. Sensory deficits about the cervical spine or upper extremities were not noted. There were no imaging studies or electrodiagnostic reports submitted for review. An MRI of the cervical spine was referenced in the submitted documentation but no indication of nerve root compression or compromise was made. Based on the clinical information provided, medical necessity of a cervical ESI at C6-7 is not established.