

Case Number:	CM14-0131146		
Date Assigned:	09/19/2014	Date of Injury:	04/01/1996
Decision Date:	10/17/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/15/2014

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. 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 71 year old male with a 4/1/96 injury date. The mechanism of injury was not provided. In a follow-up on 4/7/14, subjective complaints included neck pain radiating down both arms. The pain level has increased since the last visit and his quality of sleep is poor. Objective findings included restricted cervical range of motion, tenderness over the paracervical muscles, negative Spurlings maneuver, normal and symmetric reflexes, 5/5 strength throughout, and decreased sensation to light touch over the left little finger. There are no recent cervical imaging studies. Diagnostic impression: cervical radiculopathy. Treatment to date: multiple cervical epidural injections, medications. A UR decision on 8/5/14 denied the request for cervical epidural injection at C7-T1 on the basis that there was no documented change in opiate use, functional status, or change in objective physical exam after the previous injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL INJECTION AT C7-T1: 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 Page(s): 46.

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, 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. In the present case, although the patient reports radiating symptoms, there are no objective signs of radiculopathy on physical exam or any recent imaging studies. The patient has received several cervical epidural injections and it is not clear from the documentation that any of them have provided greater than 50% pain relief for at least 6-8 weeks with an associated reduction in use of pain medications. Therefore, the request for cervical epidural injection at C7-T1 is not medically necessary.