

Case Number:	CM14-0145048		
Date Assigned:	09/12/2014	Date of Injury:	01/06/1998
Decision Date:	10/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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:

The patient is 71-year-old male who has submitted a claim for musculoskeletal disorder and neck pain associated from an industrial injury date of 01/16/1998. Medical records from 2014 were reviewed and showed that the patient complained of neck pain radiating down the bilateral upper extremities and to the hands accompanied by numbness of the bilateral upper extremities to the level of the hands. Physical examination revealed that the cervical spine was moderately limited due to pain. Examination of the lumbar spine revealed pain upon motion. The neurological examination was normal. MRI of the cervical spine dated 06/17/2013 had shown protrusions at C3, C4, C5, C6 and C7. Treatment to date has included oral medications for chronic pain and a home exercise program. Utilization review from 08/20/2014 denied the request for cervical epidural injection at C3-C5 because the medical records at this time do not clearly document symptoms, diagnostic studies, or neurological findings, which localize to a particular nerve root level. The guidelines have not been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical epidural injection at C3-5, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections.

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, the patient complains of neck pain radiating down the bilateral upper extremities and to the hands, accompanied by numbness. The neurological examination was unremarkable. The imaging studies did not show radiculopathy. No electrodiagnostic study was mentioned in the submitted medical records. The criteria for ESI have not been met. Therefore, the request for Cervical epidural injection at C3-C5 is not medically necessary.