

Case Number:	CM14-0145620		
Date Assigned:	09/12/2014	Date of Injury:	11/02/2010
Decision Date:	10/16/2014	UR Denial Date:	08/25/2014
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 Emergency Medicine and is licensed to practice in Texas. 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 47-year-old female who reported injury on 11/02/2010. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbosacral radiculopathy and cervical disc disorder with myelopathy. Past medical treatment consists of cervical epidural steroid injections, physical therapy and medication therapy. On 04/23/2014, the injured worker underwent a cervical epidural steroid injection at the C6-7 level. On 06/09/2014, the injured worker complained of chronic pain in the cervical spine. The injured worker stated to be feeling much better after cervical epidural injection. Physical examination revealed that there was spasm and tenderness over in the paravertebral muscles of the lumbar spine with decreased range of motion in flexion and extension. There was decreased sensation noted in the L5 and S1 dermatomal distribution bilaterally. There was decreased spasm and tenderness observed in the paravertebral muscles of the cervical spine with increased range of motion on flexion and extension. Medications include patches, benzodiazepines and Cymbalta. The medical treatment plan is for the injured worker to undergo an additional cervical epidural steroid injection at the C6-7 level. The rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection C6-7: Upheld

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

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

Decision rationale: The request for cervical epidural steroid injection at C6-7 is not medically necessary. The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short term pain relief and used should be in conjunction with other rehab efforts, including continuing a home exercise program. There is no information on improved function. The criteria for the use of ESI are as followed: Radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy and no more than 2 nerve root levels should be injected using transforaminal blocks. California MTUS Guidelines also state that in therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks. The submitted documentation did not indicate the efficacy of the previous cervical epidural steroid injection. There was no quantification of functional improvement and documentation of a reduction of medication use with the most recent epidural steroid injection. Additionally, the submitted report lacked any indication of objective findings of numbness, weakness and loss of strength. The request as submitted did not indicate the use of fluoroscopy for guidance in the request. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.