

Case Number:	CM14-0146931		
Date Assigned:	09/12/2014	Date of Injury:	01/26/1998
Decision Date:	10/15/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 59-year-old female who sustained an injury on 1/26/98. As per the report of 8/21/14, she complained of chronic neck pain with left upper extremity radiation. Pain was accompanied by numbness frequently in the bilateral upper extremities to the level of the hands to the level of the shoulders. Pain was rated at 3/10 with medications, 8/10 without medications, and she reported her pain was improved since the last visit. The pain is aggravated by activity, flexion/extension, pulling, pushing, repetitive head motions and walking. MRI of the c-spine dated 7/18/14 revealed multilevel degenerative disease with the most significant disease at the levels of C4 to C7; C3 to C6 vertebral bodies demonstrated minimally diminished height secondary to degenerative endplate changes; and benign hemangioma within the T7 vertebral body. Current medications include hydrocodone-acetaminophen, Vitamin D, Gabapentin, omeprazole, Senokot-S, and capsaicin cream. Past treatments include cervical epidural steroid injections with at least 50% pain improvement with improved function and decreased medication use in 2005, and she had transforaminal epidural steroid injection bilateral L4-S1 on 2/18/14 with 50-80% overall improvement. As per the report of 8/21/14, she reported the duration of the improvement was continuing. Back pain returned to previous state; however, she reported continued improved leg pain. She reported medication associated gastrointestinal upset. Diagnosis: cervical disc degeneration, cervical radiculitis, cervical radiculopathy, lumbar disc displacement, and lumbar radiculopathy. The request for bilateral C4-6 cervical epidural using fluoroscopy was denied on 9/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-6 Cervical Epidural using Fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

Decision rationale: Per guidelines, cervical epidural steroid injection is recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for the use of Epidural steroid injections include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no clinical evidence of any radicular pain in a nerve root distribution. There is no imaging evidence of nerve root compression. There is no Electrodiagnostic evidence of cervical radiculopathy. There is no documentation of trial and failure of conservative management such as physical therapy in this injured worker. Therefore, the medical necessity of the request cannot be established based on the guidelines and submitted clinical information.