

Case Number:	CM14-0150876		
Date Assigned:	09/19/2014	Date of Injury:	03/21/1997
Decision Date:	10/20/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/16/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 patient is a 53-year-old female who has submitted a claim for Displacement of cervical intervertebral disc without myelopathy associated with an industrial injury date of March 21, 1997. Medical records from 2014 were reviewed, which showed that the patient complained of chronic increasing pain in the neck that radiated to both shoulders. Physical examination revealed tenderness and spasm bilaterally about the cervical paraspinal musculature, guarded cervical spinal range of motion (ROM) with pain at extreme ranges and weakness in bilateral shoulder abduction. The patient exhibited discrete focal tenderness located in a palpable taut band, which produced local twitch response. Motor examination of the upper extremities revealed weakness with bilateral shoulder abduction. Remaining motor testing was normal. Sensory was intact to light touch. X-rays of the cervical spine noted degenerative changes above level of fusion and fusion appeared solid and stable. Treatment to date has included a previous epidural steroid injection to the cervical spine, which recently wore off but provided a tremendous amount of pain relief. Utilization review from September 3, 2014 denied the request for one cervical epidural steroid injection because the patient had a previously certified cervical epidural injection on 8/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CERVICAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION S.

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

Decision rationale: According to page 46 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, repeat epidural steroid injection 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, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient has persistent neck pain that radiates to both shoulders with weakness of bilateral abduction. There was no imaging study or electrodiagnostic study in the records provided that supported radiculopathy. A previous epidural injection allegedly recently wore off and allegedly provided tremendous amount. However, the actual intensity of pain reduction and duration of effect cannot be identified due to insufficient documentation. The UR mentions a previously certified cervical epidural injection on August 24 although the certification or the report of this cannot be found in the records. Finally the request is incomplete because it does not mention the level at which cervical epidural injection will be performed. The criteria for a repeat ESI were not satisfied. Therefore, the request for one cervical epidural steroid injection is not medically necessary.