

Case Number:	CM14-0162042		
Date Assigned:	10/07/2014	Date of Injury:	01/26/1998
Decision Date:	11/04/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/02/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 59-year-old female with a date of injury of 01/26/1998. The listed diagnoses per [REDACTED] are: 1. Chronic pain, other. 2. Cervical disk degeneration. 3. Cervical radiculitis. 4. Cervical radiculopathy. 5. Lumbar disk displacement. 6. Lumbar radiculopathy. 7. Osteoarthritis of the knee. 8. Obesity. 9. Status post bilateral carpal tunnel release at L3-L4 annular tear. According to progress report 08/21/2014, the patient presents with back, neck, and upper extremity complaints. The patient's neck pain radiates down the left upper extremity and the pain is accompanied by numbness into the hands. Examination of the cervical spine revealed tenderness upon palpation of the bilateral paravertebral C4 to C6 area. Range of motion was limited moderately due to pain. Pain was significantly increased with flexion, extension, and rotation. Sensory examination showed decreased sensation in the bilateral upper extremity and the affected dermatome is C4 to C6. Motor exam showed decreased strength in the extensor muscles and in the flexor muscles bilaterally. MRI of the cervical spine from 07/18/2014 revealed 3-mm broad-based disk bulge at C4-C5 and at C5-C6, 3-mm broad-based disk bulge with mildly narrowed spinal canal. The provider is requesting one cervical epidural injection at level C4 to C6. Utilization review denied the request on 09/26/2014. Treatment reports from 04/04/2014 through 08/21/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) cervical epidural injection at C4-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: This patient presents with continued cervical spine pain that radiates into the left upper extremity accompanied by some numbness into the hands. The provider is requesting one cervical epidural injection at levels C4 to C6. Utilization review denied the request stating that the records indicate that the patient had benefited from the use of medications and physical therapy and guidelines recommend injections in patients that are unresponsive to conservative care. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy." For repeat injection during therapeutic phase, "Recommended documented pain and functional improvement includes at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." Progress report 08/21/2014 states that the patient has "undergone prior successful cervical steroid injection in the past." No operative report is provided and progress reports do not document benefits from this prior CESI. In this case, there are no documentation of functional improvement, pain relief, and medication reduction to consider a repeat injection. Furthermore, the MTUS states, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Therefore, this request is not medically necessary.