

Case Number:	CM14-0168782		
Date Assigned:	10/16/2014	Date of Injury:	12/16/2013
Decision Date:	11/18/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family Medicine 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:

This is a 43 years old female patient who sustained an injury on 12/16/13. She sustained the injury while pulling trays. The current diagnosis includes neck pain and resolved right upper extremity radiculitis. Per the doctor's note dated 9/5/2014, she had complaints of constant neck pain with radiation into the shoulders at 4-5/10 with numbness and pain down and into the left arm. The physical examination revealed able to get the chin to 1 and fingerbreadths of the chest, extension to 20 degrees, turning head to the right to 30 degrees, turning head to the left to 60 degrees, bending ear to the right shoulder to 20 degrees, and the left ear to the left shoulder to 30 degrees; negative Spurling's test, normal 5/5 strength, intact sensation and symmetrical deep tendon reflexes bilaterally in upper extremities. The current medications list includes Tramadol, Soma and Ibuprofen. She has had MRI of the cervical spine dated 1/31/2014 which revealed mild left paracentral disc osteophyte complex causing minimal central stenosis and mild left-sided foraminal narrowing; nerve conduction/electromyogram study dated 3/24/14 with normal findings. She has had cervical epidural steroid injection in 3/2014 with 30-40% improvement. She has had trigger point injection on 3/24/14. She has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second ESI (epidural steroid injection) at C5-6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "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. 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". Per the cited guideline criteria for ESI are: "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).....In the therapeutic phase, 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Cervical radiculopathy that is documented by physical examination and corroborated by imaging studies is not specified in the records provided she has had the nerve conduction/electromyogram study dated 3/24/14 with normal findings. A response to recent rehabilitation efforts including physical therapy or continued home exercise program and pharmacotherapy are not specified in the records provided. Per the records provided, patient has had cervical epidural steroid injection in 3/2014 with 30-40% improvement. The date and procedure note of the previous ESI is not specified in the records provided. The records provided do not specify 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 prior cervical epidural steroid injections. The medical necessity of a second ESI (epidural steroid injection) at C5-6 is not fully established for this patient. Therefore, this request is not medically necessary.