

Case Number:	CM14-0040940		
Date Assigned:	07/11/2014	Date of Injury:	12/11/1985
Decision Date:	08/18/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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, and is licensed to practice in California and Washington. 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 an 82-year-old male who reported an injury on 12/11/1985. The mechanism of injury was not provided within the medical records. The clinical note dated 03/14/2014 indicated diagnoses of brachial neuritis or radiculitis, cervicgia, post laminectomy syndrome cervical region, intervertebral cervical disc with myelopathy of the cervical region, and degeneration of cervical intervertebral disc. The injured worker reported daily constant neck pain with symptoms that extended to the left arm including numbness, tingling, weakness, and pain. The injured worker reported the pain involved his activities of daily living. The injured worker reported he attempted his home exercises, but that the pain increased. The injured worker reported his pain was rated 7/10. On physical examination of the cervical spine, the injured worker had tenderness to the paraspinals. The injured worker's range of motion revealed flexion and hyperextension of 70 degrees. The injured worker's prior treatments included diagnostic imaging, physical therapy, a previous nerve block, previous epidural injections, and medication regimen. The injured worker's medication regimen included Vicodin, Medrol, aspirin, and Zantac. The provider submitted a request for cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI)

Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Epidural Steroid Injections (ESI), therapeutic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESIs) page 46.

Decision rationale: The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. 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. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted indicated the injured worker had a prior cervical epidural steroid injection. In addition, there was a lack of quantified pain relief and functional improvement with associated reduction of medication use in the documentation. Moreover, there was a lack of an official MRI to corroborate radiculopathy. Additionally, the request did not indicate fluoroscopy for guidance. Furthermore, the request did not indicate a level. Therefore, the request is not medically necessary.