

Case Number:	CM14-0070721		
Date Assigned:	07/14/2014	Date of Injury:	10/11/2010
Decision Date:	10/09/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/16/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 male who reported an injury on 10/11/2010 due to a slip and fall. Diagnoses were cervical degenerative disc disease, C5-6 and C6-7 disc herniations, and cervical facet syndrome. Past treatments were cervical radiofrequency ablation on 08/13/2013, lumbar epidural steroid injections, pool therapy, and exercise at the gym. Diagnostic studies were not reported. Surgical history included 2 spinal surgeries. Physical examination on 08/20/2014 revealed that the injured worker had a cervical epidural injection on 08/13/2014 to the C7-T1. It was reported that the injured worker tolerated the procedure very well and had a decrease in pain that radiated to the upper extremity. The neck pain was rated a 3/10 to 4/10. The injured worker reported his neck range of motion was slightly improved, as well as some of the radicular pain. It was reported that the radicular pain has improved since the cervical epidural injection. Physical examination for the neck and the cervical spine revealed 50% of normal forward flexion, 0% of normal extension with severe neck pain; left rotation was 40% of normal, right rotation was 50% of normal. There was a positive Lhermitte's sign. Medications were Fentanyl patches 25 mcg 1 every 48 hours, and Celebrex 200 mg. Treatment plan was to request another radiofrequency ablation for the C5-7. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical left C7-T1 translaminar epidural injection under fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 45-46.

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

Decision rationale: The decision for Cervical left C7-T1 translaminar epidural injection under fluoroscopy is medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend for repeat epidural steroid injections, there must be objective documented pain relief and functional improvement including 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 region per year. There were significant factors reported of decrease in pain for the neck on 07/24/2014, reported as a 6/10 to 7/10 ,and on the examination of 08/20/2014, after the epidural steroid injection, it was rated a 3/10 to 4/10. The neck and cervical spine range of motion on 07/24/2014 was 30% of normal, and on 08/20/2014 it was rated at 50% of normal for forward flexion. The clinical documentation submitted for review does provide evidence that there was improvement. Therefore, the request is medically necessary.