

Case Number:	CM14-0097088		
Date Assigned:	07/28/2014	Date of Injury:	04/01/1999
Decision Date:	09/16/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/25/2014

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 Occupational 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:

43 pages were provided for review. The service that was modified or denied was cervical epidural cortisone injections from C3 to C7. The request for independent medical review was signed on June 18, 2014. The actual review was done on May 30th 2014. This claimant has an injury from 1999 and was a 59-year-old female. She had a neck sprain. The injury to her back was allegedly from standing all day at a surface counter. She has had six sessions of acupuncture, an MRI of the cervical spine, and four more sessions of acupuncture. On a June 17, 2013 MRI, there was C3 through C7 age-related cervical spondylosis with varying degrees of neural foraminal narrowing and canal stenosis. This was especially noted at C5-C6. The doctor felt she needed an epidural steroid injection. On August 7, 2013 she was totally neurologically intact. Sensorineural exam was normal. The MRI was positive at several levels for degenerative disease. On May 2, 2014, there was a request for epidural steroid injection submitted at multiple levels. There was an assessment from January 22, 2014. The neck pain persisted. She had C3 to C7 degenerative disc disease and an alleged left radiculitis. Sensation was intact to light touch and pinprick and all dermatomes in both upper extremities. They will continue with heat and exercise and they recommended a transcutaneous electrical nerve stimulation (TENS) unit and neck pillow. There was a PR-2 from US Healthworks that was handwritten and not legible. There was an assessment from the orthopedist on May 21, 2012. She has chronic cervical spine strain. There was tenderness in the left paracervical region. The sensory exam again was reported to be completely normal with completely normal strength and reflexes throughout.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection at C3-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cervical Epidural Injections Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47 of 127.

Decision rationale: The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI do not meet this criterion. The request appears to be unnecessary.