MAXIMUS Federal Services

Case Number:	CM14-0098644		
Date Assigned:	07/28/2014	Date of Injury:	04/10/2012
Decision Date:	10/22/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/26/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 49-year-old female with a reported injury on 04/10/2012. The mechanism of injury was not provided. The injured worker's diagnoses included cervical spine degenerative disc disease at C4-5, C5-6, C6-7, C7-8, with C6-7 and C7-8 radiculopathy in the right upper extremity. The injured worker's past treatments included medications, immobilization, physical therapy, TENS unit, cervical epidural steroid injection, and facet joint injections. The injured worker's diagnostic testing included an MRI of the cervical spine dated 06/24/2012, which revealed mild degenerative disc and facet disease with no evidence of stenosis. Subtle signal changes within the spinal cord were likely artifact; however, if myelopathy symptoms, then recommend correlation with contrast enhanced MRI, subtle right thyroid lesion with limited MRI. The injured worker's surgical history included a right shoulder arthroscopy on 03/04/2014. On 08/10/2013, the injured worker underwent neuroplasty with decompression segmental bilaterally at C3 to C4, C4 to C5, and C5-6. The injured worker was evaluated on 05/06/2014 for neck and right shoulder pain. The clinician observed and reported tenderness to palpation and paraspinal spasm on the cervical spine, worse on the right than the left. The clinician also reported that the injured worker complained of neck pain radiating into the right trapezius, with radiating burning and numbness into the right arm and hand. The injured worker's medications included Prilosec 20 mg twice per day as needed for gastritis, Norco 10/325 mg 1 every 6 hours as needed for severe breakthrough pain, Flexeril 10 mg 3 times per day as needed for muscle spasm, trazodone 100 mg at bedtime as needed for insomnia, and ibuprofen 800 mg 3 times per day with food as needed for pain and inflammation. The request was for cervical epidural steroid injections C6 through C7 and C7 through C8. The rationale for the procedure was to alleviate the injured worker's symptoms, especially alleviating the burning and tingling in the right upper extremity. The Request for Authorization Form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C6-C7 and C7-C 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, Page(s): 46.

Decision rationale: The injured worker complained of neck pain with radiation to her trapezius, right arm and hand. The California MTUS Chronic Pain Guidelines do recommend epidural steroid injections as a treatment for radicular pain. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with the associated reduction of medication use for 6 to 8 weeks. On 08/10/2013, the injured worker did have facet joint injections as part of another procedure. In the clinical notes dated 04/08/2014, the clinician reported that the injured worker had cervical spine injection in 2013 which helped 70 to 80% to reduce her symptoms and lasted for approximately 1 to 2 weeks. The provided documentation did not indicate any decrease in pain medication following the prior cervical injection. Based on the provided documentation, the medical necessity for this request has not been established. Therefore, the request for Cervical Epidural Steroid Injection C6-C7 and C7-C8 is not medically necessary.