MAXIMUS Federal Services

Case Number:	CM14-0218342		
Date Assigned:	01/08/2015	Date of Injury:	09/25/2010
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 55 year old female who sustained a work related injury to the right forearm and elbow on 9/25/2010, while bartending. X rays and magnetic resonance imaging (MRI) of the cervical spine revealed spondylolisthesis at cervical vertebrae 4-5. An electromyography (EMG) showed cervical vertebrae 7 (C7) right radiculopathy and cervical vertebrae 6 (C6) left radiculopathy. The MRI also showed a bulging disc at C 5-6. The injured worker underwent a C 5-6 and 6-7 fusion in July of 2012. Prior treatments also included therapy, chiropractic therapy, home exercises, acupuncture and several cervical epidural steroid injections, which provided temporary pain relief. An electromyography (EMG) from 2/20/2013 showed C 7 radiculopathy. A computed tomography scan from 6/11/2013 showed the surgical fusion with mild residual bilateral foraminal narrowing of C5-7. The PR2 from 12/9/2014 noted the injured worker reported decreased benefit from steroid injections received 10/28/2014 and 11/3/2014. The treatment plan included repeat cervical block to C 5-6 and 6-7 and medication management. Diagnoses include degenerative disc disease with chronic neck pain and upper extremity pain and radiculitis of upper extremities with right C 7 radiculopathy. Work status is temporary total disability at this time. The Division of Workers' Compensation Request for Authorization for Medical Treatment (RFA) included requests a repeat cervical 5-6 and 6-7 block. On 12/24/2014, the Utilization Review (UR) noncertified the request for cervical 5-6 and 6-7 block, noting lack of medical necessity. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One repeat block at C5 - C6/C6 - C7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: In the case of this request for a repeat block, this is in reference to an epidural steroid injection of the cervical spine. Regarding the request for repeat epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. These have been adequately on exam and EMG study. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is indication that previous epidural injections have provided "great relief" per a note from 12/9/14, but there is no documentation of functional improvement and reduction in medication use for at least six weeks. In the absence of such documentation, the currently requested repeat epidural steroid injection is not medically necessary.