

Case Number:	CM15-0078300		
Date Assigned:	04/29/2015	Date of Injury:	09/22/1997
Decision Date:	05/26/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 55 year old female, who sustained an industrial injury on 09/22/1997. On provider visit dated 02/26/2015 the injured worker has reported constant neck, shoulders, left knee, left heel and left elbow pain. On examination of the cervical and thoracic spine was noted as having cervical paraspinal tenderness and cervical facet tenderness at C5-T1 with positive cervical facet loading maneuvers. There is a positive bilateral Spurling test. There is a negative Hoffman test. There is decreased bilateral upper arm, forearm, and digit (in C5-6 dermatome). Deep tendon reflexes are decreased in the left biceps. The motor exam revealed weakness 4/5 in grip bilateral and first-second digit opposition left hand. The diagnoses have included chronic pain syndrome and cervical radiculopathy, fasciitis, unspecified, neck pain and spinal enthesopathy. Treatment to date has included physical therapy and medication. The documentation dated 1/29/15 states that the patient has had prior epidural steroid injection that provided her with greater than 65% improvement in pain and function for 7 weeks at which time she was able to use her upper extremities. The provider requested cervical epidural steroid injection at C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C5-C6: Upheld

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

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

Decision rationale: Cervical epidural steroid injection at C5-C6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted states that the patient had a prior epidural steroid injection with over 65% reduction in pain and increase in function for 7 weeks. The documentation is not clear on the prior level for this injection. Additionally, the MTUS states 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. The documentation does not indicate whether the patient had any reduction in medication use for 6 to 8 weeks therefore the request for epidural steroid injection is not medically necessary.