

Case Number:	CM13-0021953		
Date Assigned:	12/27/2013	Date of Injury:	11/15/2007
Decision Date:	02/25/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Interventional Spine 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 physician 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 patient is a 53 year-old injured worker with an 11/15/07 industrial injury claim. The patient is reported to have had prior spinal fusion at C6/7, and recently had a C6/7 ESI on 6/24/13 which helped for a few weeks. The patient has been diagnosed with displacement of cervical IVD without myelopathy; brachial neuritis or radiculopathy; lumbago; thoracic or lumbar neuritis or radiculitis; myalgia; shoulder pain; other symptoms referable to the back; and DDD cervical spine. The UR letter recommended non-certification for a C6/7 ESI, #2, but does not have a rationale or list the medical records reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-C7 cervical injections, quantity 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines has specific criteria for ESI. First, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The medical reports do not show clinical findings of radiculopathy, and there are no imaging studies or electrodiagnostic

studies provided for this review. Additionally, MTUS states there must be "at least 50% pain relief with associated reduction of medication use for six to eight weeks," In this case, the pain was reported to go from 9/10 to 7/10 for 2 weeks. Finally, MTUS states, "Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." The request for two additional cervical ESIs after failure of the initial ESI is not in accordance with MTUS guidelines. The request for C6-C7 cervical injections, quantity 2 is not medically necessary and appropriate.