

Case Number:	CM13-0008898		
Date Assigned:	09/10/2013	Date of Injury:	12/16/2007
Decision Date:	01/02/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/08/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California, Ohio, Pennsylvania. 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.

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 underlying date of injury in this case is 12/16/2007. The primary diagnoses include left paracentral disc protrusion at C5-6 with neural foraminal narrowing and left cervical radiculitis. This patient is a 66-year-old woman with a history of a neck injury related to a ceiling tile falling onto her head. Treating diagnoses include a left paracentral disc protrusion at C5-6, left cervical radiculitis, postconcussion syndrome, lumbar disc herniation, left lumbar radiculitis and sciatica, and a chronic myofascial pain syndrome. As of 07/22/2013, on physical exam the patient had diminished sensation to light touch along the medial and lateral border of the left forearm, and the patient had give-way weakness at 4+ in the left upper extremity. An appeal letter from a treating provider 05/29/2013 regarding a prior utilization review denial indicates that it is not correct that there was lack of efficacy regarding a prior epidural injection. The physician notes that the patient previously received 70% to 80% pain relief for a few months and improved functionally. An initial physician review stated that the most recent epidural steroid injection results were not documented such as the date given and the level and approach. The reviewer noted that the patient had been treated with an epidural injection in December 2011 which provided 80% pain relief and that the patient also received repeat epidural steroid injections in March 2012 and September 2012. Overall, the reviewer concluded that the requested repeat epidural injection should be noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI Cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Epidural Injections, page 46, states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. The purpose of epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term functional benefit." The prior utilization review and appeal of the prior utilization review focused upon whether this patient meets criteria for functional improvement from past epidural injections. The guidelines overall, however, are equivocal in particular with regard to cervical epidural injections. The guidelines require particular evidence to support an indication for a cervical epidural injection as opposed to a lumbar epidural injection. Moreover, for either cervical or lumbar injections, the guidelines emphasize that the roll of these injections is to facilitate active functional restoration but that the epidural injection of itself is not a long-term treatment. In this case, the medical records and even the appeal letter are unclear in terms of the anticipated long-term treatment plan or long-term benefit from this epidural injection. Even accepting the benefits reported from past injections, it appears that epidural injections have been requested as a primary means of pain relief rather than as a means to functional restoration. For these reasons, the guidelines do not support this request.