

Case Number:	CM13-0020665		
Date Assigned:	10/11/2013	Date of Injury:	10/13/2011
Decision Date:	10/28/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/05/2013

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 Orthopedic Surgery and is licensed to practice in Arizona. 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:

This is a 53-year-old male who sustained an injury on 10/13/2011. The patient caught his left hand in a machine which grabbed hold of his hand and partially amputated his left middle finger. The injury also exacerbated problems he was having with his neck from a previous motor vehicle accident. A progress report of 12/15/2012 states the patient received a cervical spine epidural and facet steroid injection on December 15. The results of this epidural and facet steroid injection are not documented. A progress report dated 1/18/2013 states the patient is complaining of neck pain radiating into his arms especially his left. He has decreased spinal mobility and a positive foraminal compression test. The patient received a second epidural injection with facet blocks at C3-C4, C4-C5, C5-C6, in May 2013. The results of these injections are not documented. In the progress report of May 29, 2013 request is made for a third epidural injection plus the facet block injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

3RD CERVICAL SPINE ESI WITH FACET BRANCH BLOCK C3-C4, C4-C5, C5-C6 BILATERAL: 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: Epidural steroid injections is an option for the treatment of radicular pain the criteria for use of epidural steroid injections include 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and electrodiagnostic testing. There is no documentation of a neurological examination of the patient which establishes the diagnosis of cervical radiculopathy based on sensory loss, motor function, or deep tendon reflex changes. 2. 2 injections should be performed but a second block is not recommended if there is inadequate response to the first block. There is no documentation as to what the effects the patient had following her first epidural injection. 3. 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 6-8 weeks. Documentation of this effect is totally lacking in the record. 4. Current research does not support a series of 3 injections in either the diagnostic or the therapeutic phase. A series of 3 injections is the reason for requesting the third injection. Facet joint therapeutic steroid injections are not recommended. There are no quality studies regarding the effect of intra-articular steroid injections. They should not be used in patients with radicular pain and there should be a formal plan of rehabilitation in addition to the facet joint injection therapy. Therefore, for all the above reasons, the medical necessity for a third epidural steroid injection and facet blocks has not been established.