

Case Number:	CM13-0027257		
Date Assigned:	03/19/2014	Date of Injury:	05/09/1991
Decision Date:	04/23/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/20/2013

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 Occupational Medicine 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 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:

The patient is a [REDACTED] employee who has filed a claim for persistent right upper extremity pain and headaches associated with an industrial injury of May 09, 1991. Thus far, the patient has been treated with opioids, IF unit, numerous stellate ganglion blocks, and two cervical epidural blocks. Patient underwent right shoulder surgery and triggers finger releases in 1991 and consequently suffered from right upper limb chronic regional pain syndrome. Patient is currently on opioid medications. Of note, patient is also on anti-depressants and benzodiazepine for concurrent depression and anxiety, and on triptan and anti-epileptic medication for headaches. Review of progress notes show that the skin of the right hand is purple, cold, shiny, smooth, and dystrophic with slight discoloration of the hand up to the wrist. There are also degenerative nail changes and loss of hair over the affected area. There is increased sensitivity to touch and heightened sensation of pain of the entire hand to the elbow. In a utilization review report of September 12, 2013, the claims administrator denied a retrospective request for C7-T1 epidural block injection given February 04, 2013 as patient had already received 2 epidural injections previously, which is the recommended amount.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 EPIDURAL BLOCK INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTION.

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

Decision rationale: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended in patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Furthermore, repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. Most current guidelines recommend no more than 2 ESIs. This patient has had epidural injections dated June 28, 2012 and October 08, 2012 with noted 40% decrease in pain, reduced need for Vicodin from 4 to 1-2 a day, and increased functionality as they have enabled the patient to perform ADLs independently. However, there is no documentation regarding radiculopathy or duration of functional benefits. Additional ESIs would also exceed guideline recommendations as series of three are not recommended. Therefore, the request for C7-T1 epidural block injection was not medically necessary per the guideline recommendations of CA MTUS.