

Case Number:	CM13-0031296		
Date Assigned:	03/17/2014	Date of Injury:	04/10/2012
Decision Date:	05/06/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/03/2013

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:

According to the records made available for review, this is a 47-year-old female with a 4/10/12 date of injury. At the time (9/25/13) of request for authorization for cervical epidural steroid injection (ESI) with fluoroscopic guidance C6-C7, there is documentation of subjective (neck pain to both shoulders and down to both thumbs along the radial aspect of both arms) and objective (C/S restricted ROM, paravertebral muscle tenderness, all upper limb reflexes equal and symmetric, Spurling maneuver produces no pain or radicular symptoms, motor strength 5/5, and sensation intact) findings, imaging findings (C/S MRI (1/17/13) report revealed C6-7 no significant disc bulge, spinal stenosis or neural foraminal narrowing), current diagnoses (occipital neural, cervical radiculitis, myofascial pain syndrome, and fibromyalgia), and treatment to date (medications, PT, exercises, MBBs, and CESI (without any long term improvement)). There is no documentation of objective radiculopathy, at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response with previous CESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION (ESI) WITH FLOUROSCOPIC GUIDANCE C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Epidural Steroid Injections (ESIs).

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response, as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of occipital neural, cervical radiculitis, myofascial pain syndrome, and fibromyalgia. In addition, there is documentation of a previous CESI. However, there is no documentation of objective radiculopathy. In addition, given documentation of no long term improvement with previous CESI, there is no documentation of at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response with previous CESI. Therefore, based on guidelines and a review of the evidence, the request for cervical epidural steroid injection (ESI) with fluoroscopic guidance C6-C7 is not medically necessary.