

Case Number:	CM13-0031444		
Date Assigned:	03/03/2014	Date of Injury:	10/02/2001
Decision Date:	04/23/2014	UR Denial Date:	09/24/2013
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 63-year-old male with a 10/2/01 date of injury, and anterior cervical decompression C4-C7, unspecified date. At the time (8/21/13) of request for authorization for one cervical epidural steroid injection at C3-4 between 8/21/13 and 11/18/13, there is documentation of subjective (frequent neck pain and constant headaches) and objective (diminished sensation in the C3 and C4 dermatomes, diminished reflexes at C6, restricted range of motion, and positive Spurling's tests bilaterally) findings, imaging findings (MRI Cervical Spine (3/19/13) report revealed at C3-4, there is a 3 mm broad posterior bulge with protrusion with a mild amount of central stenosis and neural foraminal encroachment), current diagnoses (disc protrusion with moderate right neural foraminal stenosis and mild central stenosis, cervicogenic headaches, disc protrusion at C7-T1, neuropathic pain of the bilateral upper extremities, and cervical radiculopathy), and treatment to date (medications and epidural steroid injection at C3-4). Medical report identifies that a C3-4 epidural steroid injection was done on 5/22/12. The response to the previous epidural steroid injection cannot be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE CERVICAL EPIDURAL STEROID INJECTION AT C3-4 BETWEEN 8/21/13 AND 11/18/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

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 disc protrusion with moderate right neural foraminal stenosis and mild central stenosis, cervicogenic headaches, disc protrusion at C7-T1, neuropathic pain of the bilateral upper extremities, and cervical radiculopathy. In addition, there is documentation of a previous cervical epidural steroid injection at C3-4. However, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response. Therefore, based on guidelines and a review of the evidence, the request for one cervical epidural steroid injection at C3-4 between 8/21/13 and 11/18/13 is not medically necessary.