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| Case Number: | CM13-0033585 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 04/19/2010 |
| Decision Date: | 01/31/2014 | UR Denial Date: | 09/25/2013 |
| Priority: | Standard | Application Received: | 10/10/2013 |

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 & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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. 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 55-year-old female who reported a work-related injury on 04/19/2010 as result of repetitive motion. The patient presents for the current following diagnoses: status post left shoulder decompression, cervical strain, and right-sided cervical radiculopathy. The current request is for cervical epidural steroid injection; the patient had previously undergone cervical epidural steroid injection per clinical note dated 09/18/2013 in which the provider documented the patient had some relief from the prior injection. [REDACTED] specifically documents the patient reports a favorable response to the cervical epidural steroid injection with good pain relief; however, the patient does have continued pain, but describes a different kind of pain pattern since the initial injection. The provider documents upon physical exam of the patient, range of motion about the cervical spine was within normal limits; reflexes were 2+ through. The patient had 4/5 motor strength noted upon resisted external rotation to the cervical spine. The provider documented as the patient had favorable response to the initial cervical epidural steroid injection; he was requesting authorization for a second injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for repeat cervical spine epidural steroid injection: 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 Page(s): 46.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence support for a subsequent injection to the patient's cervical spine status post an injection performed in late August. California MTUS indicates in the therapeutic phase, 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 to 8 weeks with general recommendation of no more than 4 blocks per region, per year. The clinical notes failed to evidence specific quantifiable objective functional improvements, decrease in the patient's rate of pain on a VAS, and decrease in medication usage as result of the initial injection noted just a few weeks prior to the request for subsequent injection. The provider documents the patient reports good pain relief; however, continued pain from the patient. Given all of the above, the request for repeat cervical spine epidural steroid injection is not medically necessary or appropriate.