

Case Number:	CM13-0035000		
Date Assigned:	06/11/2014	Date of Injury:	12/09/2010
Decision Date:	08/13/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 52-year-old female who reported an injury on 12/09/2010. The mechanism of injury was not provided in the medical records. Her diagnosis was cervical failed back syndrome. Her previous treatments include cold pack, heat, massage, TENS unit, and injections. Within the clinical note dated 09/11/2013, the injured worker had complaints of neck and low back pain. She reported the pain to be at 7-8/10. She reported the pain was decreased with cold pack, heat, ice, massage, stretching, and a TENS unit. The injured worker's medications included Oxycodone 10 mg and Flexeril 10 mg. On examination of the cervical spine, the physician reported there was a positive Spurling's maneuver and decreased sensation in the C5-7 distribution. The physician's treatment recommendation was for a transforaminal epidural steroid injection bilaterally. The physician reported the injured worker would benefit with completion of a series of 3 injections. The clinical note dated 09/11/2013, indicated the injured worker obtained pain relief for 1 week with the first injection; however, the date of the injection was not provided. The current request is for a transforaminal epidural steroid injection bilateral C7 x one with epidurography and the rationale was to obtain pain relief. The request for authorization was provided on 09/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION BILATERAL C7 X ONE WITH EPIDUROGRAPHY.: Upheld

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

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

Decision rationale: The current request for transforaminal epidural steroid injection bilateral C7 x one with epidurography is not medically necessary. The California MTUS Guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain and 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 a general recommendation of no more than 2 injections. The injured worker had complaints of neck and low back pain rated at 7-8/10 and the clinical documentation provided did indicate that the injured worker had a previous injection (date note provided) with good results. However, there were no details provided regarding whether she had at least 50% pain relief, increased function, and reduction of medications for 6 to 8 weeks. Therefore, the request for transforaminal epidural steroid injection bilateral C7 x one with epidurography is not medically necessary.