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| Case Number: | CM13-0039140 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 12/15/2011 |
| Decision Date: | 03/12/2014 | UR Denial Date: | 09/13/2013 |
| Priority: | Standard | Application Received: | 10/03/2013 |

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 47 year-old with a date of injury of 12/15/11. A progress report associated with the request for services, dated 09/03/13, identified subjective complaints of radiculopathy symptoms into the left arm and hand. Objective findings included limited range-of-motion of the cervical spine. Paresthesias were noted. Motor function was not listed. An MRI has shown bilateral foraminal narrowing at C6-7. Electrodiagnostic studies were equivocal. Diagnoses included cervical radiculopathy. Prior treatment has included NSAIDs, physical therapy, and a TENS unit. A Utilization Review determination was rendered on 09/13/13 recommending non-certification of "1 to 2 outpatient cervical epidural steroid injection to the C6-C7 level".

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) to two (2) outpatient cervical epidural steroid injection to the C6-C7 level:
Overturned

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 Epidural Steroid Injections Page(s): 46.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Guidelines note that epidural steroids injections (ESI) offer short-term relief from radicular pain, but do not affect impairment or need for surgery. Criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Further, no more than one interlaminar level should be injected at one session. Such injections are considered optional to avoid surgery. The Official Disability Guidelines (ODG) note that an epidural steroid injection "... offers no significant long-term benefit." Criteria include objective findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. They should be done using fluoroscopy. During the diagnostic phase, a maximum of one to two injections and the second block is not indicated without 30% or more improvement from the first. No more than two nerve roots should be injected using transforaminal blocks and no more than one interlaminar level during one session. If there is a documented response to the therapeutic blocks (50-70% pain relief for at least 6-8 weeks), then up to 4 blocks per region per year may be used. Current research does not support "series-of-three" injections. The claimant does appear to have objective findings of a radiculopathy supported by imaging. The original denial of services was based upon lack of objective evidence of a radiculopathy. Her symptoms appear to have increased, which justify a therapy for short-term relief. Therefore, there is documented medical necessity for the epidural steroid injection.