

Case Number:	CM13-0041409		
Date Assigned:	01/03/2014	Date of Injury:	12/01/2005
Decision Date:	04/25/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/15/2013

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 Anesthesiologist, Pain 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 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 patient is a 43-year-old female who reported injury on 12/01/2005. The mechanism of injury was not provided. The patient had a cervical epidural injection at C7-T1 on 08/20/2013. The patient had improved motor but persistent pain. The patient had decreased sensation at C5-6. The documentation on 09/24/2013 revealed the physician was requesting a repeat epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT CERVICAL EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: California MTUS Guidelines recommend, for repeat epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 weeks to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The clinical documentation submitted for review failed to indicate the patient had documented objective

functional improvement as well as objective pain relief. There was a lack of documentation indicating the patient had an associated reduction of medication use for 6 weeks to 8 weeks. The clinical documentation indicated that the prior injection was 1 month before the date of request. The request as submitted failed to indicate the level and the laterality for the requested service. Given the above, the request for Repeat Cervical Epidural Steroid Injection is not medically necessary.