

Case Number:	CM13-0041935		
Date Assigned:	12/20/2013	Date of Injury:	06/03/2011
Decision Date:	04/21/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/30/2013

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 Emergency Medicine and is licensed to practice in New York. 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 53-year-old female who was injured on June 3, 2011. The patient continued to experience bilateral upper extremity pain, and neck pain with associated headaches. Physical examination was notable for full upper extremity strength, decreased triceps and biceps deep tendon reflexes bilaterally, normal sensation. The patient had a known disc protrusion at C5-6. Diagnoses included Treatment included acupuncture, physical therapy, and medications. The patient had responded well to acupuncture treatments. Request for authorization for C7-T1 epidural steroid injections under fluoroscopic guidance was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 EPIDURAL STEROID INJECTIONS UNDER FLUOROSCOPIC GUIDANCE:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG),TWC NECK AND UPPER BACK PROCEDURE

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND GUIDELINES Page(s): 46.

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case the documentation does not support the diagnosis of radiculopathy. The patient does not have dermatomal sensory deficits or motor deficits. The proposed procedure is in the cervical spine. There is insufficient evidence to recommend cervical spine epidural steroid injections. The procedure is not authorized.