

Case Number:	CM13-0044471		
Date Assigned:	01/03/2014	Date of Injury:	04/01/2002
Decision Date:	04/30/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	10/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an 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, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 54-year-old male with a date of injury of 04/01/2002. The listed diagnosis per [REDACTED] is degenerative disc disease of the cervical spine. According to report dated 10/28/2013 by [REDACTED], the patient presents with continued neck and left shoulder pain. He is having 6-8/10 pain over the entire site of the injury. He feels like the epidural is starting to wear off. The patient notes having more muscle spasm and trouble with sleep. Medications include cyclobenzaprine 10 mg, Norco 10/325 mg, and Skelaxin 800 mg. The treating physician states the patient's condition is deteriorating and would like him to go back to [REDACTED] for a possible repeat epidural injection as it has been 6 months and the pain is starting to return. Report dated 07/29/2013 by [REDACTED] states patient had an epidural steroid injection with [REDACTED] which "helped a lot with the tightness."

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP EVALUATION WITH A PAIN MANAGEMENT SPECIALIST (REPEAT CERVICAL EPIDURAL STEROID INJECTION): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: This employee presents with continued neck and shoulder pain. The treating physician is requesting a follow-up with [REDACTED] for possible repeat cervical epidural injection. The employee underwent a cervical epidural steroid injection at C6-C7 on 05/01/2013. Subsequent progress report from 07/29/2013 indicates the injection "helped a lot with tightness." In this case, the treating physician is requesting a follow-up with the pain management specialist for a possible repeat CESI. However, a follow-up at this juncture is not necessary as a repeat injection is not warranted. The MTUS Guidelines have the following regarding ESI page 46 and 47: "For repeat injections during therapeutic phase, continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication for 6 to 8 weeks." Subsequent reports following the 05/01/2013 injection do not document functional improvement, percentage of pain relief or the duration of relief. Recommendation is for denial.