

Case Number:	CM13-0048270		
Date Assigned:	06/20/2014	Date of Injury:	02/05/2008
Decision Date:	08/04/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	11/01/2013

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, 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 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 47-year-old who reported an injury on February 5, 2008 secondary to a fall. The injured worker complained of neck, left shoulder, and arm pain. She rated her pain a 7 on a 0 to 10 scale. Progress note dated October 30, 2013, a little over one month after the initial epidural block of the cervical spine, showed the cervical spine to be palpably tender over the left more so than the right posterior and lateral neck and pain to the left upper extremity with abduction elevation more so than on the right. Her neurological exam showed sensory changes on the left side, particularly in the C6 and C7 dermatome, more so than the C8. There was gross weakness for elbow and shoulder movements, as well. The injured worker stated some reduction of headache from the cervical epidural steroid block performed on September 7, 2013, but it came back. There was no diagnostics for review. However, the note mentioned there was a positive EMG and MRI done that was consistent with radiculopathy. She had past treatments of oral medications, psychotherapy treatment sessions, and patches. The treatment request is for cervical epidural block. The authorization form was signed and dated November 26, 2013. There is no rationale for the request for cervical epidural block, quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Block QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 174-175, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines - <http://www.odg-twc.com/odgtwc/neck.htm>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections, page(s) 46 Page(s): 46.

Decision rationale: The injured worker complained of pain to the neck, left shoulder, and arm. She had past treatments of oral medications, patches, and psychotherapy treatment sessions. According to Chronic Pain Medical Treatment Guidelines, 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. It also states that if used for diagnostic purposes, a maximum of 2 injections should be performed and a second block is not recommended if there is inadequate response to the first block. The injured worker only stated reduction of headaches post the previous epidural block, and pain relief was not well documented with objective evidence of at least 50% reduction. Therefore, the request for one cervical epidural block is not medically necessary or appropriate.