

Case Number:	CM13-0060633		
Date Assigned:	12/30/2013	Date of Injury:	03/07/2008
Decision Date:	10/01/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/04/2013

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 Illinois. 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 44 year old female who reported an injury on 03/07/2008. The mechanism of injury was she was reportedly struck repeatedly by a gun on her head and stabbed multiple times. Her diagnoses included lumbosacral discogenic back pain, carpal tunnel syndrome, gastrointestinal esophageal reflux disease, dysphagia, post-traumatic stress disorder, and insomnia. Previous treatments included an epidural steroid injection in October 2012, a home exercise program, and acupuncture. Her surgeries included left shoulder arthroscopy, multiple hand surgeries, and anterior cervical discectomy and fusion. On 10/18/2013, her medication list included Soma 350mg 3 times daily as needed, Lorazepam 1mg -1 tablet at night as needed, and Tramadol 50mg daily as needed. It was noted the epidural steroid injection performed in October 2012 helped her "significantly with her radicular symptoms for almost 8 months" but, recently, her pain had returned. Her physical exam findings included 45 degrees neck flexion, 50 degrees extension, decreased sensation to light touch over the left C6, C7 and C8 dermatomes, deep tendon reflexes were 2+ at level of both biceps, and her motor strength was 5/5 in all extremities. The treatment plan was for Cervical Epidural Steroid Injection under fluoroscopic guidance at level of C6-7 below the fusion due to her relief from the previous epidural steroid injection. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection Under Fluoroscopic Guidance At Level Of C6-7 Below The Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Based on the clinical information submitted for review, the request for Cervical Epidural Steroid Injection under fluoroscopic guidance at level of C6-7 below the fusion is not medically necessary. As stated in California MTUS Guidelines, repeat epidural steroid injections 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. Furthermore, injections should be given using fluroscopic guidance. The injured worker had an epidural steroid injection in October 2012 and reported it helped her significantly with her radicular symptoms for almost 8 months. However, the extent of her pain relief was not quantified to establish at least a decrease in pain levels by at least 50%. Additionally, there was insufficient documentation of functional improvement and decreased medication use following the previous injection. Moreover, the request did not indicate that fluroscopic guidance would be used. As such, the request for Cervical Epidural Steroid Injection under fluoroscopic guidance at level of C6-7 below the fusion is not medically necessary.