

Case Number:	CM13-0061321		
Date Assigned:	12/30/2013	Date of Injury:	04/25/2003
Decision Date:	09/17/2014	UR Denial Date:	11/21/2013
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 Texas. 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 58-year-old male who reported an injury on 04/25/2003. The mechanism of injury was not provided. On 10/16/2013, the injured worker presented with increased neck pain that radiated into the bilateral upper extremities. Examination of the upper extremity revealed tenderness to palpation over the bilateral shoulders and a well-healed surgical scar present. There was 4/5 weakness in the right upper extremity and decreased sensation bilaterally in the C5 and C6 dermatomes. The diagnoses were status post anterior cervical discectomy and fusion at C4 to C7, status post right shoulder arthroscopy, impingement syndrome of the rotator cuff tear left shoulder, right carpal tunnel syndrome, status post bilateral carpal tunnel release, and status post trigger finger of the right thumb. Prior therapy included a fusion, an epidural steroid injection, trigger point injections, and medications. The provider recommended a cervical epidural steroid injection under fluoroscopic guidance at C5-6 and C6-7; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

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 C5-C6 and C6-C7:
Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, the documentation should show the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy for guidance and no more than 2 levels should be injected using transforaminal blocks. 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 6 to 8 weeks. The documentation submitted for review stated that the injured worker had a prior cervical epidural steroid injection that provided benefit for just a few weeks. There is a lack of documentation of a decrease in pain of at least 50% for 6 to 8 weeks associated with medication reduction. There is a lack of documentation of radiculopathy noted upon physical examination and corroborated by imaging studies. More information is needed on the injured worker's initial unresponsiveness to conservative treatment. As such, the request is not medically necessary and appropriate.