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| Case Number: | CM13-0065192 | | |
| Date Assigned: | 06/09/2014 | Date of Injury: | 03/15/2004 |
| Decision Date: | 07/14/2014 | UR Denial Date: | 11/27/2013 |
| Priority: | Standard | Application Received: | 12/13/2013 |

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:

According to the records made available for review, this is a 63-year-old with a March 15, 2004 date of injury. At the time of request for authorization for 1 cervical epidural steroid injection (November 5, 2013), there is documentation of subjective (increased neck pain radiating to the bilateral upper extremities with numbness and tingling of the last two digits of the left hand) and objective (limited cervical range of motion) findings, current diagnoses (cervical spine radiculopathy, C5/6 disc disease with C6 radiculopathy, and C6/7 disc disease with C7 foraminal narrowing and radiculopathy), and treatment to date (cervical epidural injections with good relief, medications, home exercise program, and activity modification). In addition, medical report plan identifies repeat cervical epidural injections. There is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications and functional response following previous injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CERVICAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

Decision rationale: MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response, as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of cervical spine radiculopathy, C5/6 disc disease with C6 radiculopathy, and C6/7 disc disease with C7 foraminal narrowing and radiculopathy. In addition, there is documentation of previous cervical epidural steroid injections with a plan identifying to repeat injections. However, despite documentation of good relief with previous injections, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications and functional response following previous injections. In addition, there is no documentation of the specific level(s) to be addressed. Therefore, based on guidelines and a review of the evidence, the request for 1 cervical epidural steroid injection is not medically necessary