

Case Number:	CM14-0005342		
Date Assigned:	01/24/2014	Date of Injury:	07/06/2011
Decision Date:	06/19/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/15/2014

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 & 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 reported an injury on 07/06/2011. A physical examination occurred on 12/10/2013. The injured worker reported no relief with a medial branch block at bilateral C2, C3, and C4 that was performed on 11/12/2013. The injured worker also reported the return of headaches adding they were somewhat improved with acupuncture. He rated his axial pain at 7/10, describing the pain as radiating to the right scapula. Both extension and flexion were bothersome. Muscle strength was 5/5 bilaterally in the biceps, triceps, brachioradialis, deltoid, wrist pronation, finger abduction and pinch test. Reflexes were 2+ bilaterally. The plan was for a cervical interlaminar epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTIONS (2-3 LEVELS ESTIMATE): Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines criteria for epidural steroid injections state that radiculopathy must be documented by physical examination

and corroborated by imaging studies and/or electrodiagnostic testing. Documented failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. The request for 2-3 levels is excessive and the level at which the injections are to be performed were not indicated in the request. There is lack of documentation to support failed conservative treatment. The review also lacks an imaging study. There was a lack of documentation of significant findings of radiculopathy upon physical exam. The guidelines also recommend use of fluoroscopy. Therefore, the request for cervical epidural steroid injections (2-3 levels estimate) is not medically necessary and appropriate.