

Case Number:	CM14-0008450		
Date Assigned:	02/12/2014	Date of Injury:	11/24/2010
Decision Date:	06/24/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/21/2014

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, has a subspecialty in Interventional Spine 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:

This patient is a 62-year-old male with a date of injury of 11/24/2010. According to 12/16/2013 progress report by [REDACTED], the patient presents with neck and bilateral upper extremity complaints. The patient is 1 week status post initial cervical epidural steroid injection which has reduced his pain from 10/10 to 7/10 with less pain radiating up the neck to his head, but the patient is still noting sensory issues including tingling/buzzing into arms and hands. Examination of the cervical spine revealed decreased range of motion, spasm, and positive Tinel's and Phalen's sign bilaterally. The treating physician requests a repeat cervical epidural from a right paramedian approach at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT CERVICAL EPIDURAL STEROID INJECTION RT PARAMEDIAN APPROACH AT C7-T1: 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 Page(s): 46.

Decision rationale: This patient presents with continued neck and bilateral upper extremity pain. The treating physician notes that the patient had an initial cervical epidural injection on 12/09/2013 which reduced his pain from a 10/10 to 7/10 with less radiating pain. On report 12/16/2013, the treating physician noted that the patient is status post 1 week CSI and has a reduction in pain, and would like to request a repeat injection. The MTUS Guidelines states that ESIs are recommended as an option for treatment of radicular pain. For repeat injections during therapeutic phase, continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year. In this case, the treating physician is requesting a repeat injection one week after initial ESI. MTUS requires documentation of functional improvement and pain with reduction of medication for 6 to 8 weeks before a repeat injection is considered. Therefore, the request is not medically necessary.