

Case Number:	CM14-0008661		
Date Assigned:	02/12/2014	Date of Injury:	05/01/2004
Decision Date:	11/05/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/22/2014

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 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 72-year-old male who reported an injury on 05/01/2004. The mechanism of injury was not provided. The injured worker has diagnoses of cervical spondylosis with myelopathy, cervical brachial syndrome, chronic pain syndrome, carpal tunnel syndrome, ulnar nerve lesion, and rotator cuff injury. Past medical treatment included medications, injections, and physical therapy. Diagnostic testing was not provided. Surgical was not provided. The injured worker reported increasing pain in multiple body parts, low back, both knees and shoulders on 12/17/2013. The injured worker also reported pain in his mid-back under his left shoulder blade; he stated it was severe. The injured worker stated the injection at the last visit was not beneficial. The physical examination revealed both wrists had positive signs of Phalen's and Tinel's signs and tenderness to palpation was noted on the radial side, ulnar side and palmar side. Medications included Allopurinol 100, Amlodipine Besylate, Naproxen 250, and Simvastatin 20 mg. The treatment plan is for cervical epidural steroid injections. The rationale for the request was not submitted. 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for Cervical Epidural Steroid injection is not medically necessary. The injured worker reported increasing pain in multiple body parts, low back, both knees and shoulders on 12/17/2013. The California MTUS guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines indicate 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The documentation submitted for review indicates that the injured worker has had prior epidural steroid injections; however, the provided documentation does not indicate the levels at which prior injections were performed. There is a lack of documentation indicating whether the injured worker had at least 50% pain relief with associated reduction of medication use and improved function for six to eight weeks. There is a lack of documentation indicating the injured worker has significant findings which demonstrate significant neurologic deficit upon physical examination. Therefore, the request for Cervical Epidural Steroid injection is not medically necessary.