

Case Number:	CM14-0100637		
Date Assigned:	07/30/2014	Date of Injury:	08/13/2007
Decision Date:	09/15/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational Medicine 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 64-year-old female with an 8/13/07 date of injury. At the time (5/6/14) of the request for authorization for cervical ESI (cervical epidural steroid injection), there is documentation of subjective (neck, left shoulder, right shoulder, left elbow, right elbow, left forearm, right forearm, left wrist and right wrist pain) and objective (muscle tone of trapezius is increased and there is palpable tenderness, Spurling's maneuver causes radicular symptoms bilaterally, and positive facet loading) findings, current diagnoses (cervical pain, cervical radiculopathy, and cervical spondylosis), and treatment to date (cervical epidural steroid injection with great benefit). 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 with previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI (cervical epidural steroid injection): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cervical ESI's (cervical epidural steroid injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Postsurgical Treatment Guidelines.

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 pain, cervical radiculopathy, and cervical spondylosis. In addition, there is documentation of previous cervical epidural steroid injection with great benefit. However, 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 with previous injection. Therefore, based on guidelines and a review of the evidence, the request for cervical ESI (cervical epidural steroid injection) is not medically necessary.