

Case Number:	CM14-0108999		
Date Assigned:	08/01/2014	Date of Injury:	01/18/2007
Decision Date:	09/03/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/14/2014

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 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 56-year-old female who reported an injury on 01/18/2007. The mechanism of injury was not provided. The diagnoses included degeneration of cervical intervertebral disc, brachial radiculitis, cervicgia, muscle spasm, and neck sprain. Past treatments include medications, epidural injections, home exercise program, physical therapy, and chiropractic care. Diagnostic studies included an MRI of the cervical spine on 11/01/2013. Surgical history was not provided. On 03/10/2014, the injured worker had numbness and weakness in her legs and her arm. The pain level was at 7/10 with 30% improvement. She had received an epidural about 2 weeks ago and had severe headaches afterward which were finally tapering off. She had not experienced any improvement in the pain. She reported great improvement from PT. On examination of the lumbar spine, there was some pain with forward flexion, extension, lateral rotation. On 03/28/2014 (note was incomplete with first page missing), a request was made for a second epidural injection. Medications included Lisinopril 10 mg 1 tablet 1 time a day, Celebrex 200 mg 1 tablet daily, simvastatin 20 mg 1 tablet daily, metformin HCl /Pioglitazone HCL 850 mg /15 mg 1 tablet 2 times a day, atenolol 25 mg 1 tablet 1 time a day. The plan of care is for a second epidural steroid injection and a followup in 2 weeks after the epidural steroid injection. The rationale was to alleviate her radicular pain in the future. The request for authorization is dated 06/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection-Steroid repeat cervical epidural, at C6-7 Qty:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: The request for injection steroid repeat cervical epidural at C6-7 quantity 1 is non-certified. The injured worker has a history of back pain and neck pain. The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 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. In the therapeutic phase, 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 injured worker continued to have pain that radiated to the right arm. Note on 03/10/2014, the injured worker stated that she had 30% improvement following her epidural injection given on 02/20/2014, which lasted less than 3 weeks. The guidelines state that repeated injections are recommended with evidence greater than 50% improvement for a period of 6-8 weeks. Without significant functional improvement and pain relief of at least 50% for a period of 6-8 weeks, the request for repeated injection is not suggested. As such, the request is non-certified.