

Case Number:	CM14-0015096		
Date Assigned:	02/28/2014	Date of Injury:	06/30/2010
Decision Date:	06/30/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/06/2014

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 Texas. 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 66-year-old male who reported an injury 06/30/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 01/02/2014 indicated diagnoses of cervical myospasm, cervical radiculopathy, cervical sprain/strain, right shoulder impingement syndrome, right shoulder sprain/strain, status post surgery of the right shoulder, right carpal sprain/strain, right carpal tunnel syndrome, right knee internal derangement, right knee sprain/strain, status post surgery of the right knee, right ankle internal derangement, right ankle sprain/strain, loss of sleep, sleep disturbance, anxiety, depression, irritability, nervousness, psych diagnosis, elevated blood pressure and hypertension. The injured worker reported intermittent to frequent dull, achy, sharp neck pain, stiffness, and weakness with looking up, down, and turning. The injured worker had his second cervical epidural steroid injection scheduled on 01/20/2013. The injured worker reported intermittent moderate, dull, achy right shoulder pain associated with pushing/pulling repetitively and overhead reaching. He also complained of dull, achy right wrist pain, numbness, tingling, and weakness associated with grabbing, grasping, gripping, and squeezing. On physical exam of the cervical spine, the range of motion was decreased and painful. The injured worker's cervical compression was positive. The shoulder range of motion was decreased and painful. The injured worker's prior treatments included a prior epidural steroid injections and medication management. The provider submitted a request for cervical epidural steroid injection C4-6. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION C4-C6: 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 Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections Page(s): 46.

Decision rationale: The request for cervical epidural steroid injection C4-C6 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. The guidelines also state 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 guidelines state current research does not support a "series-of- three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections. The documents submitted indicated the injured worker had 2 prior cervical epidural steroid injections. The guidelines recommend no more than 2 epidural steroid injections. In addition, there was lack of quantified pain relief and functional improvement with associated reduction of medication use in the documentation. Furthermore, the request did not indicate fluoroscopy for guidance. Therefore, the request for cervical epidural steroid injection C4-6 is not medically necessary.