

Case Number:	CM14-0110687		
Date Assigned:	08/01/2014	Date of Injury:	06/29/2010
Decision Date:	09/25/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/16/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 41-year-old male with a 6/29/10 date of injury, and status post right shoulder Superior Labrum from Anterior to Posterior Tear (SLAP Tear) 5/21/14. A of request for authorization dated (6/19/14) for interlaminar cervical epidural steroid injection C3-C4, C4-C5, there is documentation of subjective (pain in the right shoulder and bilateral wrists/hands; neck pain rated 3/10) and objective (tenderness at the paracervical musculature, range of motion moderately decreased in all planes, diminished sensation to the left C6 and C7 dermatomes, 5-/5 motor strength of bilateral internal rotation, external rotation, wrist extensors, wrist flexors, and triceps) findings, current diagnoses (multiple herniated nucleus pulposus of the cervical spine, bilateral carpal tunnel syndrome, cervicogenic vs. neurogenic headaches), and treatment to date (medications, chiropractic, acupuncture, activity modification, and cervical epidural steroid injection C3-4 and C4-5 (DOS 4/10/14)). 4/22/14 medical report identifies that first injection significantly helped to decrease the pain and patient is still having benefit from the injection but does have some residual pain complaints. 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 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar cervical epidural steroid injection C3-C4, C4-C5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Official Disability Guidelines (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 multiple herniated nucleus pulposus of the cervical spine, bilateral carpal tunnel syndrome, cervicogenic vs. neurogenic headaches. In addition, there is documentation of a prior cervical epidural steroid injection C3-4 and C4-5 (DOS 4/10/14. However, despite 4/22/14 medical's report documentation that first injection significantly helped to decrease the pain and patient is still having benefit from the injection but does have some residual pain complaints, 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 epidural steroid injection. Therefore, based on guidelines and a review of the evidence, the request for interlaminar cervical epidural steroid injection C3-C4, C4-C5 is not medically necessary.