

Case Number:	CM14-0111001		
Date Assigned:	08/01/2014	Date of Injury:	04/22/2011
Decision Date:	11/14/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/11/2014

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 49-year-old male with a 4/22/11 date of injury. At the time (6/16/14) of request for authorization for Transforaminal Epidural Steroid Injection Body Fluoroscopically Guided Left C6-7, there is documentation of subjective (right neck pain with bilateral upper extremity numbness and paresthesia) and objective (tenderness over bilateral cervical paraspinal muscle with restricted range of motion) findings, current diagnoses (paracentral disc protrusion at C6-7, cervical radiculopathy, cervical facet joint pain, cervical facet joint arthropathy, and cervical sprain/strain), and treatment to date (previous cervical injections and medications). Medical report identifies 70% improvement of low back pain and lower extremity radicular symptoms from previous epidural injection. There is no documentation of decreased need for pain medications, and functional response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection Body Fluoroscopically Guided Left C6-7:
Upheld

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

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: 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 paracentral disc protrusion at C6-7, cervical radiculopathy, cervical facet joint pain, cervical facet joint arthropathy, and cervical sprain/strain. In addition, given documentation of 70% improvement of low back pain and lower extremity radicular symptoms from previous epidural injection, there is documentation of at least 50-70% pain relief. However, there is no (clear) documentation that pain relief was for at least 6 to 8 weeks, decreased need for pain medications, and functional response. Therefore, based on guidelines and a review of the evidence, the request for Transforaminal Epidural Steroid Injection Body Fluoroscopically Guided Left C6-7 is not medically necessary.