

Case Number:	CM14-0116538		
Date Assigned:	08/04/2014	Date of Injury:	09/28/2010
Decision Date:	09/22/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/24/2014

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 59-year-old male with a 9/28/10 date of injury. At the time (6/30/14) of request for authorization for 1 cervical epidural steroid injection at C6-C7 under fluoroscopic guidance and epidurography, there is documentation of subjective (constant neck pain with radiation to the bilateral upper extremities with numbness and tingling) and objective (tenderness to palpation over the cervical paraspinal muscles with spasms, decreased cervical range of motion, positive Spurling's test, and weakness of the left wrist extensor and biceps) findings, current diagnoses (C5-C6 and C6-C7 disc herniation with foraminal stenosis and upper extremity radiculopathy), and treatment to date (prior cervical epidural injection at C6-7, physical therapy, home exercise program, and medications). In addition, medical reports identify the patient underwent prior cervical epidural injection at C6-7 on 4/30/13 with greater than 60% pain relief for 2 months and allowed his pain medications to be tapered. There is no documentation of functional response following previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical epidural steroid injection at C6-C7 under fluoroscopic guidance and epidurography: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

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 a diagnosis of C5-C6 and C6-C7 disc herniation with foraminal stenosis and upper extremity radiculopathy. In addition, there is documentation of a prior cervical epidural steroid injection at C6-7 performed on 4/30/13. Furthermore, given documentation of greater than 60% pain relief for 2 months with reduction in use of pain medications, there is documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications following previous injection. However, there is no documentation of functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for one cervical epidural steroid injection at C6-C7 under fluoroscopic guidance and epidurography is not medically necessary.