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| Case Number: | CM14-0119351 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 06/26/2002 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 07/16/2014 |
| Priority: | Standard | Application Received: | 07/28/2014 |

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 56-year-old female with a 6/26/02 date of injury. At the time (7/9/14) of request for authorization for Cervical epidural steroid injection, there is documentation of subjective (increased pain in neck and increased numbness of right hand) and objective (tenderness left trapezius, decreased range of motion of bilateral shoulders, trigger point bilateral trapezius, normal strength, and normal reflexes of bilateral upper extremities) findings, current diagnoses (myofascial pain syndrome, cervical spine strain, right and left rotator cuff syndrome, and right cervical radiculopathy), and treatment to date (prior cervical epidural steroid injection, last set greater than 6 weeks, greater than 50% pain relief). Medical report identifies a plan for right C7 epidural steroid injection. There is no (clear) documentation of pain relief for six to eight weeks, a decreased need for pain medications, and functional response with prior cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines steroid injection.

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: 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. California Medical Treatment Utilization Schedule (MTUS)-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. 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 myofascial pain syndrome, cervical spine strain, right and left rotator cuff syndrome, and right cervical radiculopathy. In addition, there is documentation of prior cervical epidural steroid injection, last set greater than 6 weeks, with greater than 50% pain relief. However, there is no (clear) documentation of pain relief for six to eight weeks. In addition, there is no documentation of a decreased need for pain medications and functional response with prior cervical epidural steroid injection. Therefore, based on guidelines and a review of the evidence, the request for Cervical epidural steroid injection is not medically necessary.