

Case Number:	CM14-0124442		
Date Assigned:	08/08/2014	Date of Injury:	12/06/2005
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/06/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 58-year-old male who reported an injury on 12/06/2005. The mechanism of injury was not provided for clinical review. The diagnoses included chronic back pain, status post cervical fusion at C4-5 and C5-6. The previous treatments included medication, epidural steroid injections, steroids and acupuncture. The diagnostic testing included an MRI. Within the clinical note dated 06/25/2014, it was reported the injured worker complained of persistent pain in the neck. He reported the pain radiated to both upper extremities, but more on the left side than right. Upon the physical examination, the provider noted the injured worker had diminished range of motion of the cervical spine. The injured worker was neurologically intact and had good strength to both upper extremities. The medication regimen included Norco, Ultracet, gabapentin, Flexeril. The provider requested for C7-T1 epidural steroid injection for radicular symptoms. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 Epidural Steroid Injction: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back; Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI) Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note radiculopathy must be documented by the physical examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants. The guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be on an interval of at least 1 to 2 weeks. There is lack of documentation indicating the injured worker had been unresponsive to conservative treatment including exercise, physical methods, NSAIDs and muscle relaxants. There is a lack of imaging studies to corroborate the diagnosis of radiculopathy. The injured worker had previously undergone a lumbar epidural steroid injection, which is not documented to have at least a 50% pain relief associated with reduction of medication use for 6 to 8 weeks. There is lack of functional improvement documented from the prior epidural steroid injection. Therefore, the request is not medically necessary and appropriate.