

Case Number:	CM14-0166550		
Date Assigned:	10/13/2014	Date of Injury:	05/25/2004
Decision Date:	12/10/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/09/2014

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 Family Practice, and is licensed to practice in Alabama, Mississippi, & Tennessee. 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 female who reported an injury on 05/25/2004. The mechanism of injury was not provided. Her diagnoses include neck pain and cervical radiculopathy. Her past treatments were noted to include acupuncture and an epidural steroid injection to the cervical spine. The diagnostic studies and surgical history were not provided. On 09/02/2014, the injured worker reported ongoing neck pain with stiffness, as well as aching that radiated into the bilateral upper extremities. She also reported significant benefit from a cervical epidural steroid injection. The objective findings were noted to reveal decreased cervical range of motion, tenderness to palpation of the bilateral paraspinals, a positive Spurling's test, and decreased motor strength in the left upper extremity. Current medications were noted to include Neurontin and Norco. The treatment plan was noted to include continuation of previously prescribed medications, a discussion of risks and side effects of the medications, obtaining authorization for 6 additional sessions of acupuncture, as well as an authorization for a repeat cervical epidural steroid injection. A request was received for a cervical epidural steroid injection based on the reported improvement experienced with previous injection. The Request for Authorization form was submitted for review on 09/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

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

Decision rationale: The request for cervical epidural steroid injection as outpatient is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. The guidelines recommend documented evidence of radiculopathy upon physical examination that is corroborated with imaging studies and/or electrodiagnostic testing; documented evidence of failed conservative treatment; injections to be performed using fluoroscopy for guidance; and documented evidence of objective pain relief and function improvement, including at least 50% pain relief, as well as a reduction of medication use for at least 6 to 8 weeks to support repeat blocks. Although the documentation did indicate significant benefit from a previous cervical spine epidural steroid injection, there was insufficient documentation of imaging studies and the request did not indicate fluoroscopy guidance. Moreover, there was insufficient documentation of failed conservative treatment; documentation to indicate the level to which the previous injection was applied as well the date administered; evidence of objective pain relief and function improvement from the previous injection; evidence of a reduction in medication use for at least 6-8 weeks; and the total number of epidural steroid injections received to date. Therefore, in the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request for Cervical Epidural Steroid Injection as outpatient is not medically necessary.