

Case Number:	CM14-0167978		
Date Assigned:	10/15/2014	Date of Injury:	06/05/2013
Decision Date:	12/12/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/13/2014

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 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:

Claimant is a 48-year-old male with a date of injury of June 15, 2013. Reviewed progress note of June 17, 2014. At that time, the patient was complaining of six out of 10 pains in his neck upper back and right shoulder. Examination of cervical spine showed trigger points and muscle strength was four out of five. An MRI was requested at the time. MRI showed multilevel loss of the disc space and there was a minor disc bulge C6/7. Reviewed supplemental report August 26, 2014. At that time patient felt about the same. There was some tenderness to right upper trapezius and trigger points. Range of motion was noted to be within normal limits and neuro exam was within normal limits. Conservative measures included chiropractic therapy, physical therapy, and over-the-counter anti-inflammatories.

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 Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Use of Epidural Steroid Injections Page(s): 46.

Decision rationale: Guidelines indicate that steroid injections may be indicated if radiculopathy is documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. There's no documentation of any abnormal neurologic findings on exam of radiculopathy in specific dermatomal pattern. Additionally, the request does not specify what level the injections would be intended for. Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections (page #46) Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing.2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).3) Injections should be performed using fluoroscopy (live x-ray) for guidance.4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.5) No more than two nerve root levels should be injected using transforaminal blocks.6) No more than one interlaminar level should be injected at one session.7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)8) Current researches do not support series-of-three injections in either the diagnostic or therapeutic phase. Therefore, Cervical Epidural Steroid Injection is not medically necessary.