

Case Number:	CM14-0175601		
Date Assigned:	10/29/2014	Date of Injury:	05/19/2013
Decision Date:	12/05/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/23/2014

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 and is licensed to practice in Oklahoma and Texas. 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 30-year-old male who reported an injury on 05/19/2013. The mechanism of injury was when the injured worker was standing near a 20 to 25 foot all shop door on a chain loop when a sprocket weighing 20 to 25 pounds fell and struck him on the right side of the head, neck, and shoulder. The diagnosis included cervical radiculopathy, chronic pain syndrome involving the right upper extremity. The previous treatments included medication, physical therapy for 6 to 8 weeks, epidural steroid injections. Diagnostic testing included a MRI and an EMG/NCV. Within the clinical note, dated 08/14/2014, it was reported the injured worker complained of diffuse caudal cervical and right trapezial and posterior and dorsal right shoulder pain. He complains of continuous and constant numbness with intermittent tingling and frequent burning sensation to the right little digit. The injured worker complains of right upper extremity numbness. Upon the physical examination, the provider noted cervical flexion and extension was noted to be normal. There was no tenderness to palpation. Muscle strength in the neck was noted to be normal. The provider noted there was some hypesthesia and numbness in the right little digit. The provider requested a series of epidural steroid injections in the cervical spine; however, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C7-T1, QTY: 3 per year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The request for Cervical epidural steroid injection at C7-T1, QTY: 3 per year is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with, with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and initially be 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 an inadequate response to the first block. The current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The guidelines recommend no more than 2 epidural steroid injections. The injured worker has previously undergone a lumbar epidural steroid injection, which was not documented to have at least a 50% pain relief associated with the reduction of medication use for 6 to 8 weeks. Additionally, the guidelines do not support a series of 3 injections in either the diagnostic or therapeutic phase. Therefore, the request is not medically necessary.