

Case Number:	CM14-0020093		
Date Assigned:	04/25/2014	Date of Injury:	03/27/2013
Decision Date:	07/07/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/18/2014

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 58-year-old male with a 3/27/13 date of injury. At the time (1/27/14) of request for authorization for third cervical epidural injection, there is documentation of subjective (status post cervical epidural injection that was helpful more than 50%) and objective (improved, but still painful, cervical spine range of motion) findings, current diagnoses (cervical spine myofascial sprain and cervical radiculopathy), and treatment to date (cervical epidural steroid injection on 11/5/13 and 1/21/14 (with 50% pain relief)). There is no documentation of at least 50-70% pain relief for six to eight weeks following previous injections. In addition, there is no documentation of decreased need for pain medications and functional response following previous injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRD CERVICAL EPIDURAL INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. 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 cervical spine myofascial sprain and cervical radiculopathy. In addition, there is documentation of two previous cervical epidural steroid injections on 11/5/13 and 1/21/14 (with 50% pain relief). However, despite documentation of 50% pain relief following previous injection, and given a 1/21/14 date of injection, there is no documentation of at least 50-70% pain relief for six to eight weeks following previous injections. In addition, there is no documentation of decreased need for pain medications and functional response following previous injections. Furthermore, there is no documentation of the specific nerve root levels to be addressed. Therefore, based on guidelines and a review of the evidence, the request for Third Cervical Epidural Injection is not medically necessary.