

Case Number:	CM14-0024337		
Date Assigned:	06/11/2014	Date of Injury:	03/25/2013
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/26/2014

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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 35 year-old with a date of injury of 03/25/13. A progress report associated with the request for services, dated 01/28/14, identified subjective complaints of neck pain radiating into the right arm. Objective findings included cervical paraspinal tenderness. A neurological examination was not documented. Previous encounters over the months list an identical examination, which does not include neurological findings. An MRI in 2013 did reveal multi-level cervical disc disease with encroachment upon the foramina. An electrodiagnostic study in July of 2013 was compatible with a C-6 radiculopathy. Diagnoses included cervical disc disease with radiculopathy. Treatment has included NSAID and oral analgesics. A Utilization Review determination was rendered on 02/11/14 recommending non-certification of "C4-5 and C6 right transfacet epidural steroid injection".

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5 AND C6 RIGHT TRANSFACET EPIDURAL STEROID INJECTION: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Epidural Steroid Injections.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Guidelines note that epidural steroids injections (ESI) offer short-term relief from radicular pain, but do not affect impairment or need for surgery. Criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The Official Disability Guidelines (ODG) states that epidural steroid injections of the neck are recommended as an option for radicular pain. A study showed improvement in pain and function at 4 weeks and also at one year. Criteria for use include: -Objective findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. -Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). -They should be done using fluoroscopy. -During the diagnostic phase, a maximum of one to two injections and the second block is not indicated if there is an inadequate response to the first block. -No more than two nerve roots should be injected using transforaminal blocks and no more than one interlaminar level during one session. -If there is a documented response to the diagnostic blocks (50% pain relief for at least 6-8 weeks), then up to 4 blocks per region per year may be used. -Current research does not support "series-of-three" injections. The claimant has symptoms of a radiculopathy. The documentation does not address objective signs of a radiculopathy. However, there is documentation of imaging and electrodiagnostic studies that are compatible with a radiculopathy. Therefore, there is documentation of the criteria for a cervical epidural steroid injection. The request is medically necessary.