

Case Number:	CM14-0026166		
Date Assigned:	06/13/2014	Date of Injury:	01/15/2010
Decision Date:	07/16/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/28/2014

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, 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:

This is a patient with a date of injury of 1/15/10. A utilization Review determination dated 1/29/14, recommends non-certification of a cervical epidural steroid injection; noting that a prior ESI gave relief for only one month and there was no documentation of functional improvement for a reduction in medication usage. The medical report dated 2/13/14, identifies neck pain with BUE radiation. Upon examination, there was tenderness and decreased touch sensation in both upper extremities, with no specific dermatome(s) noted. ROM was limited due to pain, and pain was significantly increased with extension and rotation.

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.

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

Decision rationale: Regarding the request for Cervical Epidural Steroid Injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative

findings of radiculopathy. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, the cervical spine level(s) proposed for injection is/are not identified. The documentation does not identify recent subjective complaints or objective examination findings supporting active radiculopathy. Additionally, relief from the prior ESI does not meet the California MTUS criteria of at least 50% pain relief, functional improvement, and decreased pain medication use for at least 6 weeks. In the absence of such documentation, the currently requested Cervical Epidural Steroid Injection is not medically necessary.