

Case Number:	CM14-0033583		
Date Assigned:	06/20/2014	Date of Injury:	04/24/2005
Decision Date:	07/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/17/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 53 year old female who reported an injury on 04/24/2005 from an unknown mechanism of injury. The injured worker was diagnosed with Chronic Pain, Cervical Radiculopathy; and Right Shoulder Pain. The injured worker's physician noted on 03/13/2014 she had failed conservative care. Her pain without medication is 6/10 radiating to the right shoulder. When the injured worker is on pain medication, she is at a 2/10. The physician also reports the injured worker has not returned to work due to pain generated when moving. A cervical Epidural Steroid Injection was approved however lack of documentation could not provide evidence of whether the procedure was performed or if there was a positive outcome. The physician is seeking an outpatient repeat cervical epidural steroid injection at the right C4-C5 level. The request for authorization and rationale were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient repeat cervical epidural steroid injection (CESI) at the right C5-C6 level:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS epidural steroid injection guidelines note they are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 epidural steroid injections. This is in contradiction to previous generally cited recommendations for "series of three" epidural steroid injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. The enclosed paperwork notes radiculopathy and pain of 6/10 without pain management medication. However, the physician is requesting a repeat epidural steroid injection for the cervical spine. Without documentation to verify pain reduction and increased range of motion of 50% or greater, the injured worker's physician fails to meet guidelines. As such, the request is not medically necessary.