

Case Number:	CM14-0034653		
Date Assigned:	07/25/2014	Date of Injury:	06/01/1998
Decision Date:	12/23/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/20/2014

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, has a subspecialty in Pain Medicine 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 June 1, 1998. A utilization review determination dated February 21, 2014 recommends noncertification for a cervical epidural steroid injection at left C4-5 and C6-7. Noncertification was recommended due to lack of objective findings of radiculopathy, lack of MRI findings supporting radiculopathy at all requested levels, and lack of clear documentation of improvement from previous epidural injections. A progress report dated January 23, 2014 identifies no subjective complaints. No objective findings are listed. The diagnosis states "CSP." The treatment plan states that the patient has symptomatic radiculopathy and already had a trial of physical therapy, chiropractic treatment, and acupuncture. The note indicates that the patient had 2 previous epidural injections and is thinking about surgery. The treatment plan recommends an epidural steroid injection at left C4-5 and C6-7. An MRI of the cervical spine dated January 21, 2014 identifies mild decreased signal intensity at C4-5 with no evidence of focal protrusion and mild narrowing of the left C5 neural foramen. C6-7 is reportedly normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid Injection at left C4-5 and C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for repeat cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines state that repeat epidural injections should be based on documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. Within the documentation available for review, there are no recent subjective complaints or physical examination findings supporting a diagnosis of radiculopathy, no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy at all of the levels requested, no documentation of failed conservative treatment, and no documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement following previous epidural injections. In the absence of such documentation, the currently requested repeat cervical epidural steroid injection is not medically necessary.