

Case Number:	CM14-0042573		
Date Assigned:	06/30/2014	Date of Injury:	08/10/2009
Decision Date:	08/07/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/09/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 43 year old female who was injured on 8/10/09. She was later diagnosed with C6-7 disc herniation with severe foraminal stenosis and chronic left cervical strain and myofascial pain. She was treated with conservative treatments including acupuncture, physical therapy, and was treated with a left C7 transforaminal epidural injection on 2/12/14 and later she reported having a reduction of pain (from 5-6/10 to 4/10 on pain scale) due to this injection which she reported to her treating physician on 2/25/14. She also reported on that date that her left chest wall and arm numbness/tingling were less since this recent injection, but that there were continual left hand symptoms (numbness). She was then offered a repeat injection to the C7 area, with recommendations to continue her exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C7 Epidural Steroid Injection #2: 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 Epidural steroid injections Page(s): 46.

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5. No more than two nerve root levels should be injected using transforaminal blocks, 6. No more than one interlaminar level should be injected at one session, 7. In the therapeutic phase, 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, and 8. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there was documented pain reduction, albeit slight, but there was no documentation seen in the progress notes available for review of any objective improvements, such as improved function related to the cervical injection on 2/12/14. Also, as the MTUS Guidelines suggest, a wait of 6-8 weeks before considering another injection is prudent. It had only been less than 2 weeks since that last injection. For these reasons, the C7 epidural injection is not medically necessary.