

Case Number:	CM14-0044414		
Date Assigned:	06/20/2014	Date of Injury:	05/02/2013
Decision Date:	07/18/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/19/2014

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 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 60 year-old with a date of injury of 05/02/13. A progress report associated with the request for services, dated 02/19/14, identified subjective complaints of neck pain unchanged from his last visit. There was pain from the right trapezius to the acromioclavicular joint (AC) joint. Medications were noted to be working well. Objective findings included tenderness to palpation of the cervical spine. Motor function and reflexes were normal. Sensory function was "patchy". MRI revealed disc herniation. The diagnosis was shoulder pain. Treatment has included non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants. It was noted that he was not trying any other therapies for pain relief. An epidural injection was requested to help differentiate a cervical radiculopathy from a primary shoulder source. A Utilization Review determination was rendered on 03/03/14 recommending non-certification of "Transforaminal cervical epidural injections (site : C4-C5 and C5-C6)".

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal cervical epidural injections (site : C4-C5 and C5-C6): 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 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: 1) Objective findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants). 3) They should be done using fluoroscopy. 4) 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. 5) No more than two nerve roots should be injected using transforaminal blocks and no more than one interlaminar level during one session. 6) 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. 7) Current research does not support "series-of-three" injections. Subjective and objective signs of a radiculopathy are not well documented. Likewise, there is insufficient documentation of prior conservative therapy. Therefore, the record does not document the medical necessity for a cervical epidural steroid injection. The request is not medically necessary.