

Case Number:	CM14-0044565		
Date Assigned:	07/02/2014	Date of Injury:	10/07/2011
Decision Date:	08/22/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/11/2014

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 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:

The injured worker is a 48-year-old female who reported an injury on 10/07/2011. The mechanism of injury was a fall. Her diagnoses include degeneration of cervical intervertebral disc and cervical radiculopathy. Her past treatments were noted to include medications, physical therapy, and previous epidural steroid injections. The most recent epidural steroid injection was performed on 11/15/2013 at the C5-6 level on the left side. On 03/04/2014, the injured worker presented with complaints of neck and left shoulder pain, as well as radiating numbness and weakness into the left arm. It was noted that she reported decreased symptoms after her 11/15/2013 injection and increased ability to perform her activities of daily living. Her physical examination revealed restricted cervical range of motion, diminished sensation in a C6 and C7 distribution, and normal motor strength in the bilateral upper extremities. The treatment plan included a repeat cervical epidural steroid injection with IV sedation. The injection was requested due to the injured worker's positive response from previous injection and worsening symptoms, and the anesthesia was noted to be on the injured worker's fear of spinal injections. She was also advised to continue a therapeutic exercise schedule. The request for authorization form was not submitted in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at the C5-C6 level under anesthesia and monitored anesthesia care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain.

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

Decision rationale: The request for Cervical epidural steroid injection at the C5-C6 level under anesthesia and monitored anesthesia care is not medically necessary. According to the California MTUS Chronic Pain Guidelines, repeat epidural steroid injections are recommended with objective documented pain and functional improvement, including at least 50% pain relief with reduction of medication use, for at least 6 to 8 weeks. The clinical information submitted for review indicated that the injured worker had decreased symptoms and increased ability to perform her activities of daily living following her previous injection. However, she was not clearly shown to have at least 50% pain relief with numeric pain scales for at least 6 to 8 weeks and there was no documentation indicating she was able to reduce her medication use following the injection. Further, her previous injection was performed on the left side at the C5-6 level and the request failed to indicate whether the injection was being performed on the left, right, or bilaterally. Moreover, the Guidelines require fluoroscopic guidance and the request does not indicate whether the injections would be provided using fluoroscopic guidance. For the reasons noted above, the request for Cervical epidural steroid injection at the C5-C6 level under anesthesia and monitored anesthesia care is not medically necessary.