

Case Number:	CM14-0054015		
Date Assigned:	07/07/2014	Date of Injury:	03/01/2011
Decision Date:	09/22/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/23/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old female with a 3/1/11 date of injury. At the time (3/26/14) of request for authorization for bilateral C5-7 cervical epidural steroid injection using fluoroscopy, there is documentation of subjective (pain down bilaterally upper extremity, right greater than left) and objective (tenderness and decreased sensation along the C5-7 dermatomes, decreased range of motion with flexion and extension on C4-7) findings, current diagnoses (cervical radiculopathy and carpal tunnel syndrome), and treatment to date (cervical epidural steroid injection (with reported 90% improvement for 5 months), chiropractic, TENS, and medications). 4/22/14 medical report identifies that the patient had 90% improvement for 5 months with previous epidural steroid injection. 11/14/13 medical report identifies that the patient had a cervical epidural steroid injection at C5-7 (DOS 10/21/13) and post procedure the patient reports minimal (5-20%) overall improvement. There is no documentation of at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response following previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-7 Cervical Epidural Steroid Injection using Fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

Decision rationale: MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response, as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation cervical radiculopathy and carpal tunnel syndrome. In addition, 4/22/14 medical report identifies that the patient had 90% improvement for 5 months with previous epidural steroid injection. However, given 11/14/13 medical report documentation that the patient had a cervical epidural steroid injection at C5-7 (DOS 10/21/13) and post procedure the patient reports minimal (5-20%) overall improvement, there is no documentation of at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for bilateral C5-7 Cervical Epidural Steroid Injection using fluoroscopy is not medically necessary.