

Case Number:	CM14-0058993		
Date Assigned:	07/09/2014	Date of Injury:	09/07/2011
Decision Date:	09/11/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/29/2014

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 and Rehabilitation, 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:

This is a female patient with the date of injury of September 7, 2011. A Utilization Review was performed on April 16, 2014 and recommended non-certification for 1 Cervical Epidural Steroid Injection between 4/14/2014 and 5/29/2014. A Progress Report dated April 9, 2014 identifies Subjective findings of neck pain. Objective findings identify cervical range of motion is restricted. On examination of paravertebral muscles, tenderness is noted on the left side. Tenderness is noted at the paracervical muscles, trapezius, and pain to left sub-occipital region with stated left temporal radiation. Diagnoses identify post cervical laminectomy syndrome, cervical radiculopathy, and occipital neuralgia. Treatment Plan identifies medications refilled, s/p 11/11/13 Cervical ESI that was somewhat effective to reduce her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: Regarding the request for 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. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, the patient underwent previous epidural steroid injection with reduction in pain. However, there is no documentation of at least 50% pain relief with associated reduction of medication use for six to eight weeks. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.