

Case Number:	CM14-0073728		
Date Assigned:	07/16/2014	Date of Injury:	08/02/2012
Decision Date:	09/03/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/20/2014

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 Medicine and is licensed to practice in Massachusetts. 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 documents available for review, the patient is 32 year's old. The patient was injured while lifting a 50 pound box overhead. The date of injury is August 2, 2012. The patient subsequently developed pain in the left side of his neck radiating down the left side of the shoulder and arm. The patient was ultimately diagnosed with a left C4 - C5 and C-5 -C6 herniated nucleus pulposus with associated left upper extremity radiculopathy in the C6 distribution. The patient had previously undergone two epidural steroid injections. A request for a third cervical epidural steroid injection was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural Steroid Injection Left C 5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments, Epidural Steroids Page(s): p46.

Decision rationale: According to the MTUS, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current

guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. According to the documents available for review, the patient previously underwent two prior epidural steroid injections with pain relief that lasted only approximately two weeks. Therefore at this time a third injection would not be warranted in accordance with MTUS. Therefore, the request is not medically necessary.