

Case Number:	CM14-0079162		
Date Assigned:	07/18/2014	Date of Injury:	07/08/2008
Decision Date:	12/11/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/29/2014

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 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 40-year-old male with a 7/8/08 date of injury. At the time (4/28/14) of request for authorization for repeat left C6-7 interlaminar ESI, there is documentation of subjective complaints are repeat cervical ESI helped decrease pain but only by 30% and was not as effective as previous ESIs; and notes a knot in the neck muscles on the left with persistent radicular pain. The objective findings include weakness with elbow flexion, shoulder abduction, and elbow extension, intact sensory, trace reflexes throughout, limited cervical spine range of motion, positive Spurling on the left, and tenderness of the thigh and upper trapezius. The current diagnoses include cervical radiculopathy. The treatment to date are medications and ESIs, including DOS 3/27/14. There is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response with previous epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left C6-7 interlaminar ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ESIs

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. Official Disability Guidelines (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 of diagnosis of cervical radiculopathy. However, the documentation stated that a repeat cervical ESI helped decrease pain by only 30% and was not as effective as previous ESIs. In addition, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response with previous epidural steroid injection. Therefore, based on guidelines and a review of the evidence, the request for repeat left C6-7 interlaminar ESI is not medically necessary.