

Case Number:	CM14-0082439		
Date Assigned:	07/21/2014	Date of Injury:	09/02/2010
Decision Date:	12/31/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/04/2014

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 Medicine 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 case involves an injured worker with date of injury of 9/2/10. A utilization review determination dated 5/13/14 recommends non-certification of cervical ESI. It referenced a 4/25/14 medical report (no current medical report provided for review) identifying neck pain. No objective findings were noted. A cervical spine MRI from 6/19/11 was noted to identify no disc herniation, foraminal stenosis, or nerve root compression at C5-6. The 2/20/14 medical report identifies cervical pain radiating to the bilateral upper extremities. She had >60% relief from the Cervical ESI done on 7/23/13. Pain level was 5/10. No exam findings were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection, C5 - C6 with epidurography and monitored anesthesia care: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: Regarding the request for cervical epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for

treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. 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, there is no current documentation of radicular symptoms with corroborative physical exam, imaging, and/or electrodiagnostic findings. Furthermore, there is no indication that the pain relief provided by the prior injection was accompanied by functional improvement and decreased medication use, and that at least 6 weeks of relief were obtained. In light of the above issues, the request for a cervical epidural steroid injection is not medically necessary.