

Case Number:	CM14-0086169		
Date Assigned:	07/23/2014	Date of Injury:	03/23/2007
Decision Date:	11/17/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 is a patient with a date of injury of 3/23/07. A utilization review determination dated 5/19/14 recommends non-certification of cervical ESI x 2. 5/2/14 medical report identifies neck pain with radicular symptoms down the left upper extremity with numbness and tingling. On exam, there is tenderness, spasm, decreased sensation C5 and C6 on the left, and limited ROM. Recommendations include cervical ESI x 2, MRI of the left shoulder, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION X2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

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 x2, 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 on imaging and/or electrodiagnostic studies, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal

levels should be injected at one session. 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 are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. Furthermore, a series of injections is not supported as the need for a second injection will depend on pain relief, functional improvement, and reduction of medication use from the first injection. In light of the above issues, the currently requested cervical epidural steroid injection x2 is not medically necessary.