

Case Number:	CM14-0099637		
Date Assigned:	07/28/2014	Date of Injury:	07/11/2005
Decision Date:	10/31/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/30/2014

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 66-year-old female with a 7/11/05 date of injury. At the time (6/5/14) of request for authorization for left C6-7 cervical transforaminal epidural steroid injection, there is documentation of subjective (left upper extremity radicular pain) and objective (paraspinal tenderness positive foraminal closure test, painful rotation, decreased range of motion, pain in the C7 distribution) findings, current diagnoses (cervical radiculitis), and treatment to date (left C6-7 transforaminal ESI (DOS 1216/11) and medications). 5/9/14 medical report identifies prior left C6-7 TFE done 12/16/11 provided 75% pain relief of the left upper extremity pain for over a year. There is no documentation of 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:

Left C6-7 Cervical Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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. 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 radiculitis. In addition, there is documentation of 75% pain relief for more than six to eight weeks with previous epidural steroid injection. However, there is no documentation of 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 left C6-7 cervical transforaminal epidural steroid injection is not medically necessary.