

Case Number:	CM14-0115220		
Date Assigned:	10/09/2014	Date of Injury:	02/04/2010
Decision Date:	04/21/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a male, who sustained an industrial injury on February 4, 2010. The injured worker was diagnosed as having lumbar spine, cervical spine, bilateral upper extremity repetitive motion/cumulative trauma injury, lumbar discogenic pain, cervical disc disease, cervical disc desiccation, cervical spine status post fusion, and cervical radiculopathy. Treatment to date has included medications, magnetic resonance imaging of the right shoulder. The 2/28/14 treatment note documents intermittent/constant pain in both arms and hands with numbness, and tingling sensations. The provider reports he has been stable with the current medication regimen. A magnetic resonance imaging of the right shoulder is reported to have been completed in January, however the provider indicates this result was not available for review. The injured worker indicates his pain level is 5/10 and he is having approximately 30% pain reduction with medications. The current medications are Norco 10/325 three times daily, Gabapentin 600 mg twice daily, and Pantoprazole 20mg daily. The treatment plan includes: cervical epidural steroid injection, and decrease Norco 10/325 to 7.5/325 three times daily as needed, and increase Gabapentin from 600mg twice daily to 600mg every morning, 600 mg every afternoon, and 1200mg at bedtime for neuropathic pain, and continue acupuncture, and follow-up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat C7-T1 interlaminar epidural steroid injection 99144 62310 62284-59 72240: Upheld

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

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, Epidural steroid injections.

Decision rationale: The MTUS states in the ACOEM guidelines that cervical epidural steroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compression. The ODG guidelines further state that epidural steroid injections are recommended as an option to treat radicular pain. No more than 1 interlaminar level should be injected at 1 session. The radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. Repeat injections should be based on continued objective documented pain and function response. In the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the initial C7-T1 epidural steroid injection on 5/27/14 provided 80% relief for 2 weeks only. No additional information is provided in support of the request. Repeat injections require pain relief for at least 6 weeks. As such, the request for repeat C7-T1 interlaminar epidural steroid injection is not medically necessary.