

Case Number:	CM14-0178303		
Date Assigned:	10/31/2014	Date of Injury:	06/14/2013
Decision Date:	01/02/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/28/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 46 year old male with a date of injury of June 14, 2014. Results of the injury include headaches, cervical, and lumbar pain. There is also pain reported to the left shoulder and weakness in the left arm and numbness to the right hand. Diagnosis included cervical disc protrusion, cervical degenerative disc disease, lumbar disc protrusion, lumbar degenerative disc disease, and status post first Epidural Steroid Injection dated May 15, 2014. Treatment modalities included pain medication regime, temporary totally disabled work status, and Epidural Steroid Injection with relief. Further requests for a second cervical Epidural Steroid Injection and tens unit were requested. Magnetic resonance imaging of the cervical spine dated August 25, 2013 showed mild to moderate cervical spondylosis, most severe at C5-6. Magnetic resonance imaging scan of the lumbar spine showed multilevel lumbar discogenic/degenerative changes. At L4-5, there is mild to moderate central canal stenosis with a 3 mm right paracentral disk extrusion. Mild central canal stenosis noted at L3-4. Multilevel lateral recess and foraminal narrowing. Current medications include Cyclobenzaprine, Tramadol, Naproxen Sodium, Protonix and EnovaRX-Cyclobenzaprine 2% cream. Most recent findings dated on September 12, 2014 progress report noted that the injured worker complained of headaches, low back, and left shoulder pain. Treatment plans include to continue current medication regime, remain on temporarily totally disability status, and requests were made for a second Epidural Steroid Injection, and tens unit. Utilization Review form non-certified a request for cervical Epidural Steroid Injection # 2 based on MTUS guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck, Epidural Steroid Injection (ESI).

Decision rationale: The medical records report diagnosis included cervical disc protrusion, cervical degenerative disc disease, lumbar disc protrusion, lumbar degenerative disc disease, and status post first Epidural Steroid Injection dated May 15, 2014. Treatment modalities included pain medication regime, temporary totally disabled work status, and Epidural Steroid Injection with relief. There is no documentation of quantitative degree of pain improvement or duration of pain improvement. ODG supports that at the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). As there is no documentation of quantitative degree of pain improvement or duration of improvement, the medical records do not support a second ESI.