

Case Number:	CM14-0189871		
Date Assigned:	11/21/2014	Date of Injury:	02/14/2010
Decision Date:	01/08/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/13/2014

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 60-year-old male with a 2/14/10 date of injury. At the time (10/2/14) of request for authorization for Cervical epidural steroid injection at bilateral C5-C6, C6-C7, there is documentation of subjective (neck pain) and objective (tenderness to palpation over the paracervical and paralumbar muscles, decreased range of motion of the cervical and lumbar spine, and normal sensory and reflexes) findings, imaging findings (MRI of Cervical spine (8/4/10) report revealed at C5-6 there is mild disc degeneration with broad-based posterior disc protrusion which is approximately 2.5mm thick at the midline and is slightly greater at the left parasagittal region, there is mild ventral cord impingement at the midline and left parasagittal region, there is mild-to-moderate right and mild left facet osteoarthritis without evidence of significant foraminal stenosis, and moderately large annular fissure within the posterior disc protrusion), current diagnoses (cervical sprain and lumbar sprain), and treatment to date (cervical epidural injections and medications). Medical reports identify that previous cervical ESIs have improved the patient's pain by 20%. There is no documentation of at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response following previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at bilateral C5-C6, C6-C7: Upheld

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

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 documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of Epidural Steroid Injections. 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 diagnoses of cervical sprain and lumbar sprain. In addition, there is documentation of previous Cervical Epidural Injection. However, given documentation that previous cervical ESIs have improved the patient's pain by 20%, there is no documentation of at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request Cervical Epidural Steroid Injection at bilateral C5-C6, C6-C7 is not medically necessary.