

Case Number:	CM14-0190956		
Date Assigned:	11/24/2014	Date of Injury:	06/28/2000
Decision Date:	04/06/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/17/2014

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old male who reported date of injury on 06/28/2000; the mechanism of injury is not provided for review. The injured worker's diagnoses include cervical spinal disc bulges. An MRI of the cervical spine performed on 09/11/2013 was noted to reveal mild right neural foraminal stenosis at C3-4; moderate neural foraminal stenosis bilaterally at C4-5; and mild neural foraminal stenosis bilaterally at C5-6. An electrodiagnostic study performed on 10/10/2013 was noted to reveal evidence of moderate bilateral carpal tunnel syndrome (median nerve entrapment at wrist). A progress note from 07/01/2014 indicated that the injured worker had undergone epidural steroid injection at unknown level in neck on 06/13/2014 which was noted to have decreased the pain to cervical spine from 7-8/10 to 6-7/10. At that time, it was noted that the injured worker was wanting a repeat cervical injection. There was no physical examination correlating with the cervical spine performed. Under the treatment plan, it was noted the physician was recommending a cervical epidural steroid block of unknown level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural block # 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to the American College of Occupational and Environmental Medicine Guideline, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The Official Disability Guidelines state that epidural steroid injections may be recommended in patients who have objective evidence of radiculopathy on physical examination and there are imaging studies and/or electrodiagnostic studies corroborating this finding and who are unresponsive to conservative treatment to include exercise, physical therapy, NSAIDs and muscle relaxants. The guidelines continue to state that repeat blocks should only be offered if there is at least 60% pain relief for 6 to 8 weeks and that repeat injection should be based on continued objective documentation of pain and functional response. Additionally, the guidelines also state that the purpose of epidural steroid injections to facility progress in a more active treatment program and avoiding surgery, as the treatment alone offers no significant long term functional benefit. There is a lack of objective evidence of radiculopathy within the documentation to include imaging and/or electrodiagnostic studies that corroborate the findings. In addition, it was noted that the injured worker had a prior epidural steroid injection on 06/13/2014; however, this injection did not provide the injured worker with at least 50% pain relief and the documentation does not indicate how long pain relief occurred. Furthermore, there is no evidence that the injured worker will be participating in an active treatment program in conjunction with epidural steroid injection as epidural steroid injection as a treatment option alone offers no significant long term functional benefits. Moreover, it remains unclear as to which level the requested epidural is being recommended. Therefore the request for cervical epidural block #1 is considered not medically necessary.