MAXIMUS Federal Services

Case Number:	CM14-0196279		
Date Assigned:	12/04/2014	Date of Injury:	06/28/2004
Decision Date:	02/25/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/24/2014

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
Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 54 year old female with an injury date on 06/28/2004. Based on the 10/14/2014 progress report provided by the treating physician, the diagnoses are: 1. Neck pain. 2. GERD (gastroesophageal reflux disease). According to this report, the patient complains of neck pain. Physical exam findings and imaging studies were not included in this report. Patient's treatment to date includes spinal cord stimulator implant, Cervical epidural steroid injection x3 in 2012, Cervical epidural steroid injection x1 2013, and Cervical epidural steroid injection on 10/14/2014.The 10/02/2014 report indicates the patient has "no new neurosensory deficits or weakness." The patient "is asking today for more acupuncture therapies, as well a repeat cervical epidural steroid injection." Physical exam reveals swelling and mild hypersensitivity in the right upper limb. The treatment plan is request repeat Cervical epidural steroid injection and consider repeating cervical MRI. There were no other significant findings noted on this report. The utilization review denied the request for Retrospective request for epidural steroid injection multiple levels done on 10/14/2014 on 10/30/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 01/02/2014 to 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: OSC Block Epidural Steroid Injection multiple levels done on 10/14/2014:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: According to the 10/14/2014 report, this patient presents with neck pain. The request is for retrospective OSC block epidural steroid injection multiple levels done on 10/14/2014. For repeat cervical ESI, MTUS guidelines states "repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks." In reviewing the provided reports show that the patient has 4 cervical epidural steroid injections prior to 10/14/2014 request with "benefit." However, there is no documentation of functional improvement with at least 50% of pain relief and medication reduction. Furthermore, MTUS do not support more than 1 level of interlaminar epidural injection. In this case, the requested repeat ESI for multiple levels without documentation of functional improvement and medication reductions following prior injection is not supported by the guidelines. The request is not medically necessary.