

Case Number:	CM14-0201835		
Date Assigned:	12/12/2014	Date of Injury:	11/22/2011
Decision Date:	02/05/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/02/2014

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 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:

The injured worker was a 63 year old male, who sustained facial and neck injuries related to being punched in the face during an altercation while working as a security guard, on November 22, 2011. An MRI was completed on May 2, 2012, which showed C4-5 mild right neuro-foraminal stenosis and mild-moderate canal stenosis, mid sagittal 9.5 mm with slight flattening of the ventral cord contour, C5-6 moderate-severe stenosis of the left neuro-foramen due top left uncinated hypertrophy. Mid-moderate stenosis of the spinal canal left of midline, mid sagittal 9.5-10 mm with slight flattening of the ventral cord contour. injured worker was diagnosed with cervical strain/arthrosis/discopathy with cervical and foraminal stenosis, thoracic strain/arthrosis, bilateral impingement syndrome with acromioclavicular joint arthrosis and possible rotator cuff tears and/or intra-articular injuries based on mechanism, bilateral carpal tunnel syndrome and lumbosacral strain/arthrosis. According to the progress note of November 12, 2014, the physical exam shows the injured workers pain with range of motion that is approximately 60-80% of normal cervical spine. Also the injured worker has had 3 epidural injections to the cervical spine, which only helped temporarily with relief from neck pain, headaches, back pain and reduced pain in the upper extremities. According to the progress note of August 8, 2014 the injured worker continues to work. The injured worker has also tried physical therapy and medication for pain relief. The injured worker continues with a home exercise program. The injured worker has refused bilateral carpal tunnel release surgery at this time. On November 11, 2014 the UR denied authorization for an Epidural Steroid Injection Left C5-6, due to the information provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Left C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (Acute and Chronic), Epidural Steroid Injection

Decision rationale: There is no clearly documented evidence of the nature and length of success (pain/inflammation relief and restoration of range of motion) after this epidural steroid injection. MTUS guidelines state that repeated injections should be based on continued documented evidence of improvement including at least 50% pain relief and a six to eight week reduction in the use of medication. There is no clearly delineated and documented medical evidence of 50% pain relief for six to eight weeks or reduction in the use of medication as a result of previous epidural steroid injection. In addition, it is unclear if this patient has already received two or three epidural steroid injections. According to the medical record on 04/30/2014, this patient has received a series of three cervical epidural steroid injections. Current research does not support a series-of-three and recommends no more than 2 epidural steroid injections. Therefore, the above listed issue is considered not medically necessary.