

Case Number:	CM14-0209535		
Date Assigned:	12/22/2014	Date of Injury:	01/30/2002
Decision Date:	02/17/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/15/2014

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 Physical Medicine Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 61 female who had a work injury dated 1/30/02. The diagnoses include cervical degenerative disc disease; cervical arthropathy; herniated nucleus pulposes; cervical sprain and temporomandibular joint dysfunction. Under consideration is a request for 1 cervical epidural steroid injection. She is status post July 2012 anterior cervical interbody fusion at C6-7 level. Per documentation the patient has had a prior cervical epidural injection. Under consideration is a request for epidural steroid injection (cervical area). There is an 11/10/14 document that states that the patient has a clear C6 radiculitis and positive Spurling sign on the left along the C6 dermatome to the left thumb. This is exacerbated with lateral flexion and extension of the neck. The patient tried and failed conservative management including facet blocks, anti inflammatories, Flexeril and Norco. The MRI reveals a cervical fusion with posterior disc bulge at C5-6 effacing the surface of the thecal sac. There is a fused disc space with posterior soft tissue abutting the thecal sac and C6-7. There is a request for a left sided cervical epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection (Cervical area): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174 and 175, Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI's).

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

Decision rationale: Epidural Steroid Injection (Cervical area) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that if used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year. The documentation refers to a prior cervical epidural injection but the outcome, the laterality or level is not referred to. Without clear documented functional improvement and evidence of decreased pain relief and decreased medication for 6-8 weeks additional injections cannot be recommended. The request does not indicate a level or laterality of injection. For all of these reasons the request for epidural steroid injection (cervical area) is not medically necessary.