

Case Number:	CM14-0075714		
Date Assigned:	07/16/2014	Date of Injury:	05/18/1998
Decision Date:	04/14/2015	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/23/2014

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 years old male patient who sustained an industrial injury on May 18, 1998. The diagnoses have included cervical degenerative disc disease at C6-7 and left-sided upper extremity radiculopathy. Per the note dated 4/9/14, he had cervical spine pain and left upper extremity pain. Per the doctor's note dated 2/18/2014, he had complains of thoracic spine pain. He described the pain as constant and stated it is mostly neck, left arm and hand pain. He rated the pain anywhere between 3 and 8 on a 1-10 pain scale. He wakes up feeling well and the pain progresses as the day goes on. The medications list includes ibuprofen. Prior diagnostic study reports were not specified in the records provided. Treatment to date has included cervical epidural steroid injection at C6-7 on 12/7/2012, transforaminal selective nerve root block and medication. On April 21, 2014, Utilization Review non-certified a left epidural steroid injection C6-7 quantity of one, noting the CA MTUS Guidelines. On May 23, 2014, the injured worker submitted an application for Independent Medical Review for review of a left epidural steroid injection C6-7 quantity of one.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Left Epidural Steroid Injection C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Request: One (1) Left Epidural Steroid Injection C6-7. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Per the cited guideline criteria for ESI are 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 7) 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. Per the records provided patient had cervical pain and left upper extremity pain. Detailed physical examination was not specified in the records provided. Therefore evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing is not specified in the records provided. He has had cervical epidural steroid injection at C6-7 on 12/7/2012. The records provided do not specify objective documentation of at least 50% improved functional response and decrease in need for pain medications, for a duration six to eight weeks with prior lumbar steroid injections. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Failure to previous conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of One (1) Left Epidural Steroid Injection C6-7 is not fully established for this patient.