

Case Number:	CM15-0002108		
Date Assigned:	01/13/2015	Date of Injury:	03/06/1990
Decision Date:	03/10/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/05/2015

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: New York
Certification(s)/Specialty: Internal Medicine

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 68 year old male who sustained an industrial injury on March 6, 1990. He has reported neck pain with some radiation to the arms and has been diagnosed with cervical spondylosis, cervical disc degeneration, myalgia and myositis unspecified, spinal stenosis lumbar, lumbosacral spondylosis, lumb/sac disc degeneration, cervical disc displacement, and post laminectomy syndrome lumbar. Treatment to date has included medical imaging, home exercise program, medication, and ice. Currently the injured worker complains of neck pain and lower back pain. The treatment plan included an epidural steroid injection, exercises, and spine injections under fluroscopy. On December 24, 2014 Utilization Review non certified right C4-C5 epidural steroid injection with IV sedation noting the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4-C5 epidural steroid injection-with IV sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural steroid injections Page(s): 46 (pdf format).

Decision rationale: Per California MTUS, epidural steroid injections are indicated if all of the following are present: 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). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) 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. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a series of three injections in either the diagnostic or therapeutic phase. In this case there are no motor or sensory abnormalities findings consistent with radiculopathy and there is no imaging and/or electrodiagnostic evidence of radiculopathy. Medical necessity for the requested item is not established. The requested item is not medically necessary.