MAXIMUS Federal Services

Case Number:	CM15-0003242		
Date Assigned:	01/14/2015	Date of Injury:	05/22/2013
Decision Date:	03/17/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male with an injury date of 05/22/13.As per progress report dated 12/03/14, the patient has history of chronic neck, back and left arm pain and continues to have persistent pain mainly in the left upper back and shoulder region. The patient is also having sleep issues secondary to pain. Physical examination reveals pain posteriorly on the scapula and mild tenderness in the lower back. As per progress report dated 09/09/14, the patient's neck is supple and has slightly limited range of motion. The patient has benefited from acupuncture to some extent, as per progress report dated 12/03/14. Medications, as per progress report dated 09/09/14, include Celebrex, Lidocaine patch, Soma, Tramadol, Omeprazole, Betamethasone valerate, Pramosone, and Triamcinolone acetonide, and Flexeril. The patient is working with restrictions, as per progress report dated 12/03/14.Diagnoses, 12/03/14:- Chronic neck pain with cervical disc disease - Chronic back painThe utilization review determination being challenged is dated 12/12/14. Treatment reports were provided from 07/01/14 - 12/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at left C5-6 and C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - chapter 'Pain (Chronic)' and topic 'Epidural Steroid Injections (ESIs)

Decision rationale: The patient has history of chronic neck, back and left arm pain and continues to have persistent pain in mainly in the left upper back and shoulder region, as per progress report dated 12/03/14. The request is for CERVICAL EPIDURAL STEROID INJECTION AT LEFT C5-6 AND C6-7. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." ODG guidelines, chapter 'Pain (Chronic)' and topic 'Epidural Steroid Injections (ESIs)', state "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." In this case, the progress reports do not document the patient's radicular symptoms clearly and no corroborating imaging studies have been provided for review. However, the patient did receive a cervical ESI in the past. As per operative report related to that procedure from [redacted] dated 07/01/14, the patient has pain in neck that extends into upper extremities and diagnostic tests indicate "cervical discogenic and radicular cause of pain." The patient received the injection at C6-7 at that time. In progress report dated 09/09/14 the primary care physician states that "after his epidural steroid shot in his neck he had marked relief of his neck pain was only minimal and intermittent frequent tingling notes his fingertips." In progress report dated 12/03/14 the PTP requests for another ESI as the prior procedure led to 80% pain relief. Although treater documents significant reduction in pain due to prior ESI, there is no discussion about its impact on function. ODG guidelines require pain relief with associated reduction of medication use for six to eight weeks for repeat injections. More important, clear diagnosis of radiculopathy has not been provided via radicular symptoms, exam findings and corroborating imaging studies. Hence, the request IS NOT medically necessary.