

Case Number:	CM15-0005501		
Date Assigned:	01/16/2015	Date of Injury:	06/02/2009
Decision Date:	03/19/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/12/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 59-year-old male with a reported date of injury on 06/02/2009. The mechanism of injury is not provided. There was no actual clinical documentation provided, correlating with the requested bilateral epidural steroid injection. However, according to a previous review, the patient's diagnosis is cervical radiculopathy and cervical herniated disc. Prior treatment options completed were noted to include occupational therapy. Additionally, an electro diagnostic study was performed on 01/22/2014, and noted to reveal no electrophysiological evidence of motor radiculopathy in the right upper extremity. The patient was apparently seen on 12/11/2014, at which time the patient had subjective complaints to include pain in the neck and upper back. It was noted at that time, that the patient received 70% reduction of symptoms from epidural steroid injection performed at the C7-T1 level on 04/28/2014. As there is no clinical documentation provided in relation to the requested bilateral epidural steroid injection at C5-6, C6-7, it remains unclear the rationale for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral epidural steroid injection at C5-6, C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: According the California MTUS Guidelines, epidural steroid injections may be recommended when there is evidence of radiculopathy that is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs, and muscle relaxants. In addition, the guidelines recommend repeat epidural steroid injections when there is objective documentation of pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. While the patient may have had 70% reduction of symptoms from a previous epidural, this epidural was performed at the C7-T1 level, there is a lack of actual clinical documentation provided for review which corroborates this finding, and there is no documentation provided demonstrating that the pain reduction was associated with a reduction of medication use for at least 6 to 8 weeks. In addition, the current request is for an epidural steroid injections at C5-6 and C6-7. There is a lack of rationale provided for this request as there is no documentation provided demonstrating objective evidence of radiculopathy that is corroborated by imaging studies and/or electrodiagnostic testing at the C5-6 and C6-7 levels. Therefore, the request for bilateral epidural steroid injections at C5-6 and C6-7 is not medically necessary.