

Case Number:	CM15-0163191		
Date Assigned:	09/08/2015	Date of Injury:	08/15/1996
Decision Date:	10/07/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old male who was injured on 08-15-1996. The mechanism of injury was not found in documents presented for review. Diagnoses include cervical degenerative disc disease, pain and mood disorder with a general medical condition, degenerative disc disease-lumbar, cognitive disorder and post-concussion syndrome. Treatment has included diagnostic studies, medications, physical therapy, home exercise program, chiropractic sessions, acupuncture and interlaminar epidural injection with significant relief. Medications include Oxycodone, which he not using, Effexor, Meclizine, not used, Lidoderm patch, Mobic and Loratadine. The physician progress note dated 06-01-2015 documents the injured worker complains of right arm, shoulder and neck pain. He rates his pain as 5.5 on the pain scale. He is still experiencing increased neck pain and radicular symptoms, which are limiting his ability to function. He wants to avoid the use of more analgesic medications or opioids but is sorely tempted to do so. He is using more Mobic lately. The treatment plan includes use of his medications, Effexor XR, Lidoderm patch, and Mobic. The requested treatments include cervical epidural steroid injection Qty: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection Qty: 1: Upheld

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

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

Decision rationale: The claimant has a remote history of a work-related injury in August 1996 and is being treated for neck and right upper extremity pain with right upper extremity radicular symptoms. Cervical epidural steroid injections were done in March and May 2011 with reported significant relief. When seen, he reported increased neck and radicular symptoms interfering with function. He was taking more Mobic. No neurological deficits are documented in the records provided for review. In the therapeutic phase, guidelines recommend that a repeat epidural steroid injection 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. In this case, the degree and duration of pain relief following the previous injections is not adequately documented. The requested repeat cervical epidural steroid injection is not medically necessary.