

Case Number:	CM15-0020958		
Date Assigned:	02/11/2015	Date of Injury:	06/05/2008
Decision Date:	03/25/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/03/2015

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: North Carolina

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:

The injured worker is a 52-year-old male, with a reported date of injury of 06/05/2008. The diagnoses include brachial neuritis or radiculitis, thoracic sprain/strain, right shoulder labral tear, and status post right shoulder surgery. Treatments have included an MRI of the cervical spine on 08/26/2008, topical pain medication, and oral medications. The progress report dated 07/24/2014 indicates that the injured worker complained of constant neck pain radiating to the right upper extremity with numbness and tingling. The objective findings include swelling of the trapezius muscle, flexion at 30 degrees, extension at 35 degrees, right rotation at 65 degrees, left rotation at 65 degrees, right lateral flexion at 25 degrees, and left lateral flexion at 25 degrees. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested a cervical epidural steroid injection with sedation. On 01/08/2015, Utilization Review (UR) denied the retrospective request for a cervical epidural steroid injection with sedation (date of service: 10/31/2014), noting the diagnostic studies did not show evidence of radiculopathy and no documentation to support doing an epidural steroid injection. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for a cervical epidural steroid injection with sedation DOS:

10/31/2014: 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 Page(s): 46.

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: 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. 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). 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. We recommend no more than 2 ESI injections. The patient has the documentation of cervical radiculopathy however there is no documentation of included corroboration by imaging studies or EMG. For these reasons criteria as set forth above per the California MTUS have not been met. The request is not certified.