

Case Number:	CM15-0215267		
Date Assigned:	11/05/2015	Date of Injury:	12/27/2006
Decision Date:	12/16/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/02/2015

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: 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 59 year old female with an industrial injury dated 12-27-2006. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spondylosis with myelopathy and myofascial muscle pain. According to the progress note dated 09-23-2015, the injured worker reported neck pain with radiation to arm. Pain level was rated as moderate on a visual analog scale (VAS). Documentation noted that the injured worker has not undergone any adjuvant therapy since last visit and the treatments were reported to have not helped at all. Objective findings (09-23-2015) revealed bony tenderness of cervical spine, trigger point, and mildly reduced cervical range of motion. Treatment has included prescribed medications, trigger point injections, cervical epidural steroid injection on 07-06-2015, and periodic follow up visits. Documentation (09-23-2015) noted that the injured worker had last epidural steroid injection (ESI) 3-4 months prior with good benefit, including less pain and increased activities of daily living. The treating physician prescribed services for repeat cervical epidural steroid injection (ESI). The utilization review dated 10-16-2015, non-certified the request for cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: The AECOM notes that epidural injection of steroids is an optional treatment with neck radiculopathy in order to avoid surgery. It also states that there is no evidence that invasive procedures such as needle acupuncture, injection of trigger points, or facet joint injections are beneficial in treating acute neck pain. It also states that there is no evidence that the injection of steroids, lidocaine, or opioids into the epidural space is of any benefit in acute pain. However, it does state that some pain specialists believe that either diagnostic or therapeutic injection of such medicines into the epidural space may be of benefit in the transitional phase between acute and chronic pain. Up to date states that there are small prospective and retrospective studies suggesting that epidural steroid injection into the neck has proved successful in 40 to 60 % of patients. However, it is difficult to know whether the improvement is from the injection or the natural course of the disease. The review goes on to say that epidural steroid injections into the cervical region is recommended in severe pain after 6 to 8 weeks if conservative therapy has been attempted unsuccessfully in order to avoid surgery. It notes that adverse effects of this procedure are rare if done in specialty centers with experience in this procedure. Our patient has chronic pain that has been poorly responsive to most treatment modalities but did show significant improvement after a previous ESI. Therefore, the patient should be afforded this modality to treat her chronic pain. The UR decision is overturned and therefore is medically necessary.