

Case Number:	CM15-0220887		
Date Assigned:	11/16/2015	Date of Injury:	09/13/2011
Decision Date:	12/31/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/10/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 13, 2011. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve a request for a cervical epidural steroid injection at C7-T1. A September 25, 2015 RFA form was referenced in the determination. On September 25, 2015 RFA form, a cervical epidural steroid injection at C7-T1 with catheter extension to the C4-C7 levels was seemingly sought, without much in the way of supporting rationale or supporting commentary. Cervical MRI imaging dated April 25, 2013 was notable for multilevel disc protrusions and/or herniations, including at C4- C5, C5-C6 and C6-C7, of uncertain clinical significance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C7-T1 with Catheter to C4-C7: Upheld

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

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

Decision rationale: No, the request for a cervical epidural steroid injection at C7-T1 with extension of catheter to C4-C7 was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend epidural steroid injections as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that radiculopathy should be corroborated by imaging studies and/or electrodiagnostic testing, by noting that no more than two nerve roots should be injected, and by noting that pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the attending provider's handwritten September 25, 2015 RFA form was difficult to follow, thinly and sparsely developed, which did not contain much narrative commentary, did not clearly state why an epidural steroid injection with catheter extension to encompass four different levels was seemingly sought in the face of the MTUS position that not more than two levels should be injected with any one block. It was not clearly stated whether the applicant or not had prior epidural steroid injections or not, and, if so, what the applicant's response to the same was. The presence or absence of functional improvement with earlier blocks (if any) was not, thus, established. Clear corroboration of the radiculopathy at levels in question was not seemingly established via the September 25, 2015 RFA form at issue. Therefore, the request was not medically necessary.