

Case Number:	CM15-0223150		
Date Assigned:	11/19/2015	Date of Injury:	10/16/2013
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/13/2015

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: 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 injured worker is a male who sustained an industrial injury on October 16, 2013. The worker is being treated for: soft tissue injury to left index finger with residual dysesthesia and median neuropathy, mild CRPS, left rhomboid pain, cervical strain and labyrinthine concussion resolved. Subjective: October 12, 2015 he reported neck, shoulder and index finger pain. Objective: September 25, 2015 noted "he continues to have some hyperesthesia in the median nerve distribution left index finger with a mild complex regional pain syndrome. Diagnostic: EMG NCV testing, UDS. Medication: August 6 2015, September 2015: Tramadol. Tried medications consisted of: Nortriptyline, Zolpidem, Mobic, Neurontin, Dilaudid, Metyrosine, and Pamelor. October 2015: Tramadol. Treatment: activity modifications, injection, medication, pain management, chiropractic session, PT, water therapy, and acupuncture, October 2015 noted "cervical epidural 60%," November 2014 and most recent May 2015. On October 22, 2015 a request was made for cervical epidural steroid injection to C5 and C6 #5 that was non-certified by Utilization Review on November 02, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection with catheter C5-C6, #5: 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: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include; 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 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. 8) No more than 2 ESI injections. In this case, there is no documentation of at least 50% pain relief with an associated reduction of medication use for six to eight weeks with prior ESI. The request for cervical epidural steroid injection with catheter C5-C6, #5 is determined to not be medically necessary.