

Case Number:	CM15-0034211		
Date Assigned:	02/27/2015	Date of Injury:	12/17/1995
Decision Date:	04/08/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/24/2015

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: 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 61 year old female injured worker suffered an industrial injury on 12/17/1995. The diagnoses were brachial neuritis or radiculitis and pin in joint, shoulder region. The diagnostic study was cervical spine, right knee, right shoulder, left shoulder, magnetic resonance imaging, and computerized tomography of the lumbar spine. The treatments were left and right shoulder arthroscopy, lumbar fusion left wrist surgery, lumbar laminectomy, left and right carpal tunnel release, medications, acupuncture, epidural steroid injections, physical therapy, TENS unit and left shoulder cortisone injections. The treating provider reported increased neck pain radiating to the left shoulder and both arms 8/10. A progress report dated January 13, 2015 states that the patient underwent an epidural injection with 3 days relief of the tingling pain in the right arm. The treatment plan states that the patient had 75% improvement with a cervical epidural steroid injection for 18 weeks. An MRI dated February 14, 2014 shows severe bilateral neural foraminal stenosis at C5-6 and C6-7. The Utilization Review Determination on 1/29/2015 non-certified Repeat cervical epidural steroid injection, MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for repeat cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines state that repeat epidural injections should be based on documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. Within the documentation available for review, there is a lack of clarity regarding improvement from previous epidural steroid injections. One area says that the patient received 3 days of pain reduction and other states that pain reduction lasted for 18 weeks. Furthermore, there is no documentation of specific objective functional improvement as a result of previous epidural injections. In the absence of such documentation, the currently requested repeat cervical epidural steroid injection is not medically necessary.