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| Case Number: | CM15-0036526 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 08/10/2011 |
| Decision Date: | 04/17/2015 | UR Denial Date: | 01/28/2015 |
| Priority: | Standard | Application Received: | 02/26/2015 |

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

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 53 year old female, who sustained an industrial injury on August 10, 2011. She has reported a neck injury. The diagnoses have included cervical spine stenosis. Treatment to date has included physical therapy, imaging, medications, and previous epidural steroid injection. Currently, the IW complains of neck pain. She rates her pain as "8-10/10 at its worst and 1-3/10 currently." She reports pain radiation into the right shoulder and experiences numbness and tingling in the area. The records indicate a magnetic resonance imaging on an unknown date/time was performed and revealed protrusions and right root impingement. Physical findings are positive for a Spurling sign. The providers note that she reported relief from the previous epidural steroid injection, and indicate the relief was partial and had plateaued. The current medications are listed as: Tramadol, Flexeril, creams, and Norco. On January 28, 2015, Utilization Review non-certified the request for a repeat right C5-7 epidural steroid injection with sedation. The MTUS guidelines were cited. On February 26, 2015, the injured worker submitted an application for IMR for review of repeat right C5-7 epidural steroid injection with sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat right C5-7 epidural steroid injection (ESI) with sedation to be performed by [REDACTED]
[REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for the use of epidural steroid injections, topical analgesics Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with neck pain with radiation of pain into the right shoulder with numbness and tingling. The current request is for repeat right C5-7 epidural steroid injection (ESI) with sedation to be performed by [REDACTED]. The MTUS Guidelines has the following regarding epidural steroid injection under the chronic pain section pages 46 and 47, "Recommended as an option for treatment of radicular pain, to find this pain in the dermatomal distribution or corroborated findings of radiating symptoms." For repeat injections during therapeutic phase, "Continued objective documented pain and functional improvement includes at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." The treating physician states in his report dated 1/9/15 that the patient was "better more than 50% for months" following a cervical steroid injection on 5/23/14. However, in reviewing progress reports following the injection, there are no discussions regarding reduction in pain, increase in function or decrease in medication intake. Furthermore, the patient presents with neck pain with radicular symptoms but there is no imaging provided of the cervical spine to corroborate the patient's radicular symptoms. MTUS also states that "there is insufficient evidence to make any recommendation for the use of epidural steroid injection to treat radicular cervical spine pain." The requested cervical epidural steroid injection is not medically necessary.