

Case Number:	CM15-0041614		
Date Assigned:	03/11/2015	Date of Injury:	06/20/2008
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/05/2015

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: Massachusetts

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 injured worker is a 47-year-old male, who sustained an industrial injury on 6/20/2008. The current diagnoses are cervicothoracic strain, cervical spondylosis C2-C7, and moderate right neural foraminal stenosis C5-C6 and right shoulder impingement syndrome. According to the progress report dated 11/10/2014, the injured worker complains of constant, severe neck pain that radiates into his upper back between his shoulder blades and into his shoulders.

Additionally, he reports frequent, severe headaches. The current medications are OxyContin and Neurontin. Treatment to date has included medication management, X-ray/MRI of the cervical spine, physical therapy, and cervical epidural steroid injections (4/10/2011). Per notes, the cervical epidural steroid injection provided relief for several weeks. The plan of care includes cervical epidural steroid injection with catheter infusion under fluoroscopic guidance.

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 infusion under fluoroscopic guidance (No specific cervical level given): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

Decision rationale: The claimant sustained a work-related injury in June 2008 and continues to be treated for chronic radiating neck pain. A prior cervical epidural injection in April 2011 is reported as having provided pain relief lasting for several weeks. In terms of a repeat epidural cervical injection, in the therapeutic phase, a repeat injection should only be offered if there is at least 50% pain relief for six to eight weeks. In this case, the claimant had only several weeks of pain relief without documentation of the degree of pain relief. Therefore, the requested repeat cervical epidural steroid injection was not medically necessary.