

Case Number:	CM15-0044217		
Date Assigned:	03/16/2015	Date of Injury:	11/07/1992
Decision Date:	04/17/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 57 year old male, who sustained an industrial injury on 11/7/92. He reported neck and shoulder pain. The injured worker was diagnosed as having cervical degenerative disc disease with radiculopathy, cervical post laminectomy syndrome, neck, shoulder pain and myofascial pain. Treatment to date has included left thoracic outlet surgery, cervical fusion, epidural injections, physical therapy, TENS unit, heat, ice, Botox injections and oral medications including Percocet. Currently, the injured worker complains of ongoing neck pain. The injured worker states the Botox injections have provided 2 weeks to 3 months of pain relief. The treatment plan included refilling oral medications and a request for cervical epidural steroid injection at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Epidural steroid injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injection C7-T1 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. When. In this case, the injured worker's working diagnoses are cervical disc with radiculitis; degeneration cervical disc; cervical post laminectomy syndrome; neck pain; shoulder pain; and myofascial pain. The injured worker had prior epidural steroid injections. There is no documentation in the medical record that indicates the location or response to the prior epidural steroid injections. Repeat epidural steroid injections should be based on continued objective documented pain and functional improvement, including at least a 50% pain relief with associated reduction of medication use for 6 to 8 weeks. There is no documentation in the medical record regarding when prior epidural steroid injections or what level was addressed. There is no documentation in the medical record regarding objective documented functional improvement and an associated reduction in medications for 6 to 8 weeks. Additionally, there is no documentation as to what level the ESI was administered. Consequently, absent clinical documentation with objective functional improvement and an associated reduction in pain medications for at least 6 to 8 weeks with a 50% pain relief response with prior epidural steroid injections, epidural steroid injection at C7 - T-1 is not medically necessary.