

Case Number:	CM15-0081925		
Date Assigned:	05/04/2015	Date of Injury:	09/09/2006
Decision Date:	06/04/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application	04/29/2015

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 injured worker is a 48 year old male, who sustained an industrial injury on 9/9/06. He has reported initial complaints of injury to the neck and left arm after reaching out and taking tickets and payments out of cars driving by. The diagnoses have included neck sprain, cervical spinal stenosis and pain in the shoulder joint. Treatment to date has included medications, physical therapy and injections. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) and electromyography (EMG)/nerve conduction velocity studies (NCV) of the upper extremities. As per the physician progress note dated 4/4/14, the injured worker complains of pain in the neck and left shoulder with radiation to left upper extremity with numbness and tingling in all the fingers of the left hand. He reports that in the past physical therapy made the pain worse. The physical exam revealed tenderness over the cervical spine, positive Spurling's maneuver, decreased sensation and decreased strength noted on the left in the wrist area. The physician requested treatment included cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Overturned

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
ESI Page(s): 47.

Decision rationale: Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is indication that previous epidural injections had provided >50% for 8 weeks, and for many months the patient was not on any medications. A progress note from 7/11/14 documented 90% functional improvement and the patient was better able to perform ADLs. Given this, repeat epidural steroid injection is medically necessary.