

Case Number:	CM14-0125530		
Date Assigned:	08/13/2014	Date of Injury:	09/19/2008
Decision Date:	10/29/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 with a date of injury of 9/19/2008. The patient's industrially related diagnoses include cervical strain and sprain. The patient has been using heat, ice, and TENs unit for pain, as well as taking oral medications including Norco, Ibuprofen, Oxycodone, and Lidoderm patches. The patient was noted to not have tried physical therapy yet for his pain. The patient had a prior cervical epidural steroid injection on 12/3/2013 which only offered 2 days of relief. The disputed issues are repeat cervical epidural steroid injection and rhizotomy. A utilization review determination on 7/22/2014 had noncertified this request. The stated rationale for the denial of cervical epidural steroid injection was threefold: 1) there is no imaging or electrodiagnostic testing to corroborate physical examinations, 2) recent physical therapy is not documented, and 3) key details regarding the previous ESI were not provided. The rhizotomy was denied on the basis that the clinical exam was not consistent with facet mediated pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI (Epidural Steroid Injections) C7-T1 with rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints - Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injection Section Page(s): 47.

Decision rationale: The medical records indicate that this patient has had a prior cervical epidural steroid injection. This is documented on a progress note from January 13, 2014. This report indicates that subjectively the patient had 2 days of pain relief, and later progress notes do not document the total duration of pain relief. The guidelines specify for repeat epidural steroid injection there should be at least 50% pain relief for 6 to 8 weeks. Furthermore, rhizotomy should not be done at the same times as an epidural injection. The guidelines recommend that rhizotomy be performed after documented positive medial branch blocks, which are not reported in the submitted medicals. Given these factors, this request is not medically necessary.