

Case Number:	CM14-0129928		
Date Assigned:	08/22/2014	Date of Injury:	04/01/2009
Decision Date:	10/17/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/14/2014

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 Interventional Spine 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:

This patient presents with continued neck pain that radiates into the upper extremity. The treater is requesting a repeat bilateral C4-C5 cervical epidural steroid injection. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, Recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. For repeat injection during therapeutic phase, Continued 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 medical file indicates that the patient underwent an initial injection on 05/16/2014. Treater states post procedure, the patient reports no less than 5% overall improvement. Review of the progress report immediately following the 05/16/2014 injection indicates the patient has 10/10 pain with and without medications. It was noted that patient's pain has reported as worsened since his last visit. Repeat injections are not support without documentation of at least 50% pain relief with decrease in medication intake. Furthermore, the MTUS states, there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Recommendation is for denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-5 cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Medical Treatment Utilization Schedule has the following regarding ESI's, under its chronic.

Decision rationale: This patient presents with continued neck pain that radiates into the upper extremity. The treater is requesting a repeat bilateral C4-C5 cervical epidural steroid injection. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy." For repeat injection during therapeutic phase, "Continued 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 medical file indicates that the patient underwent an initial injection on 05/16/2014. Treater states "post procedure, the patient reports no less than 5% overall improvement." Review of the progress report immediately following the 05/16/2014 injection indicates the patient has 10/10 pain with and without medications. It was noted that "patient's pain has reported as worsened since his last visit." Repeat injections are not support without documentation of at least 50% pain relief with decrease in medication intake. Furthermore, the MTUS states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Recommendation is for denial.