

Case Number:	CM14-0140269		
Date Assigned:	09/10/2014	Date of Injury:	10/28/1999
Decision Date:	10/10/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	08/29/2014

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 & Rehabilitation & Pain Medicine and is licensed to practice in Oklahoma. 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 70 year old female who reported an injury on 10/28/1999; the injury occurred when she stepped out of a handicapped van incorrectly. Diagnoses included cervical spine pain and brachial neuritis. Past treatment included injections, physical therapy, and medication. An MRI of the cervical spine indicated disc and facet degeneration C3-7 with hyperlordosis; disc protrusion at C3-4 causes moderate to severe central stenosis; and neural foraminal narrowing and mild central stenosis to varying degrees at C4-7, unofficial. Surgical history was not provided. The clinical note dated 08/15/2014 indicated the injured worker complained of chronic low back and neck pain rated 4/10. Physical exam revealed trigger points along the cervical spine and decreased sensation in the first three digits of the left hand. Muscle strength and deep tendon reflexes of the bilateral upper extremities were normal. Current medication included tramadol 50 mg, Celebrex 200 mg, and Tylenol 500 mg. The treatment plan included 3 series of 3 cervical epidural steroid injections with fluoroscopy, C7-T1-T2, as an outpatient; the rationale for treatment was not provided. The request for authorization was completed on 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Series of 3 Cervical Epidural Steroid Injections with Fluoroscopy, C7-T1-T2, as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The criteria for use of epidural steroid injections includes documented physical exam findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing, and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year; no more than one interlaminar level should be injected at one session; and current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. The injured worker complained of chronic low back and neck pain rated 4/10. Physical exam revealed trigger points along the cervical spine and decreased sensation in the first three digits of the left hand. The location of the previous epidural steroid injection was not provided. There is a lack of imaging studies and/or electrodiagnostic studies to corroborate a diagnosis of cervical and thoracic radiculopathy. Additionally, the guidelines do not recommend a series of three injections. Therefore the request is not medically necessary.