

Case Number:	CM14-0161948		
Date Assigned:	10/07/2014	Date of Injury:	04/16/2013
Decision Date:	12/18/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/02/2014

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 Internal 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 55-year-old male who reported an injury due to attempting to stop a forklift with his outstretched arms while it was coming towards him on 04/16/2013. On 07/07/2014, his diagnoses included chronic pain, cervical disc degeneration, cervical facet arthropathy, cervical radiculopathy, and cervical spinal stenosis. He had received a cervical epidural steroid injection on 05/30/2014. He reported a good overall improvement with decreased need for pain medication and improved mobility. He reported continuing relief from that injection. His neck pain radiated down the left upper extremity with tingling and numbness. He rated his pain 4/10 with medications and 7/10 without. He was participating in a home exercise program. His medications included Flexeril 10 mg, Norco 10/325 mg, and tramadol 50 mg. On 09/02/2014, his treatment plan recommendations included a repeat cervical epidural steroid injection to decrease his radicular pain and inflammation. A Request for Authorization dated 09/15/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat CESI (cervical epidural steroid injection) to C/S: 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 request for repeat CESI (cervical epidural steroid injection) to C/S is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, but no more than 2 ESIs. They can offer short term pain relief, and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved functional. Epidural steroid injections may lead to an improvement in radicular pain between 2 and 6 weeks following the injection, but they do not affect impairments of function or the need for surgery, and do not provide long term pain relief beyond 3 months. There is insufficient evidence to make any recommendations for the use of epidural steroid injections to treat radicular cervical pain. The guidelines do not support this request. Additionally, the level of the spine to have been injected was not included in the request. Furthermore, the request did not specify whether this was to be a unilateral or bilateral injection. Therefore, this request for repeat CESI (cervical epidural steroid injection) to C/S is not medically necessary.