

Case Number:	CM14-0168279		
Date Assigned:	10/15/2014	Date of Injury:	07/11/2013
Decision Date:	11/18/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/13/2014

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 Pain Management 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 40 year old male with a date of injury on 7/11/2013. On 8/6/2014, he underwent right sided C5-6 transfacet transforaminal epidural steroid injection under fluoroscopy. Records dated 8/15/2014 documents that the injured worker complained of constant headaches rated 8/10 and constant neck pain rated 8/0 with occasional radiation to the bilateral upper extremities with associated sharp pain to the thoracic spine. He also stated that his neck pain felt the same since his last visit. He also complained of constant low back pain rated 5-6/10 without radiation as well as anxiety, depression, stress, and insomnia. Objective examination noted paraspinal spasms and tenderness of the lumbar spine. Range of motion was limited. The injured worker is noted to undergo a urine drug test on 9/23/2014 and results revealed positive for opioid metabolites that were consistent with his prescription. He is diagnosed with (a) status post anterior and posterior fusion and decompression at L4-L5 and L5-S1 on 3/19/14, (b) L4-L5 and L5-S1 stenosis with disc herniation, failure of prior decompression with recurrent disc herniation and motion on flexion and extension x-rays at L5-S1 with bilateral lower extremity radiculopathy, and (c) herniated nucleus pulposus at C5-6 and C6-7 with right upper extremity radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal cervical epidural steroid injection at the levels of C5-C6 under fluoroscopy: 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: Evidence-based guidelines point out that the request for repeat epidural steroid injections in the therapeutic phase 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 no more than 4 blocks per year. In this case, the records indicate that the injured worker had a prior right transforaminal cervical epidural steroid injection at C5-6 under fluoroscopy on 8/6/2014. However, records do not indicate that the requirements of evidence-based guidelines for a repeat block have been satisfied. There is no indication of continued objective improvements or at least 50% pain relief with associated reduction in medication use for 6-8 weeks. Most recent records provided dated 8/15/2014 notes that it is yet too soon to notice the relief. Until there is documentation of at least 50% pain relief has been achieved as well as evidence of continued objective improvement as well as 6-8 weeks medication reduction has been provided, the medical necessity of the requested transforaminal cervical epidural steroid injections at the levels of C5-C6 under fluoroscopy is not established.