

Case Number:	CM14-0101767		
Date Assigned:	09/16/2014	Date of Injury:	10/02/2008
Decision Date:	06/22/2015	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 63 year old male patient, who sustained an industrial injury on 10/2/08. The diagnoses have included brachial neuritis or radiculitis not otherwise specified; cervical discogenic neck pain. He sustained the injury due to fell off a ladder. Per the note dated 7/21/14, he had cervical pain with radiation to the left shoulder. He had recently epidural steroid injection without benefits. The physical examination revealed limited abduction of the left shoulder compared to the right. Per the note dated 5/6/14, he had exacerbation of neck pain. The physical examination revealed paracervical tenderness, decreased reflexes, 4-5 strength and normal sensation bilaterally. The medications list includes ibuprofen. Per the note dated 8/5/14 he had cervical MRI which revealed disc disease at C3-4 with some stenosis. He has undergone multiple surgeries including cervical fusion, back surgery and left shoulder surgeries. He has had cervical epidural injection in the past. The request was for 1 interlaminar epidural steroid injection at C 6- 7.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Interlaminar epidural steroid injection at C 6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: Request: 1 Interlaminar epidural steroid injection at C 6-7

The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Per the cited guideline criteria for ESI are 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 7) 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. He had complaints of chronic neck pain. The physical examination revealed 4-5 strength and normal sensation in bilateral upper extremities. Unequivocal evidence of radiculopathy documented by physical examination and corroborated by electro diagnostic testing is not specified in the records provided. He has had epidural steroid injections in the past. The records provided do not specify objective documentation of at least 50% improved functional response and decrease in need for pain medications, for a duration six to eight weeks with prior cervical steroid injections. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Failure to previous conservative therapy including physical therapy visits and pharmacotherapy (anticonvulsant or antidepressant) is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The request of 1 Interlaminar epidural steroid injection at C 6-7 is not medically necessary for this patient.