

Case Number:	CM15-0008162		
Date Assigned:	01/23/2015	Date of Injury:	09/29/1994
Decision Date:	03/19/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/14/2015

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: Maryland, District of Columbia
 Certification(s)/Specialty: Internal Medicine

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 69 year old female, who sustained an industrial injury on 9/29/1994. On 1/14/15, the injured worker submitted an application for IMR for review of Epidural Steroid Injections at C5-C6 under fluoroscopy. The treating physician reported on 12/8/14 the injured worker complains of "miserable neck and back pain as well as abdominal pain" along with multiple co-morbidities. The diagnoses have included cervical and lumbar discogenic disease, cancer, and iatrogenic narcotic overdose. Treatment to date has included back surgery in 1999 (at L3-L4 and L4-L5), colon resection due to cancer, cervical epidural steroid injections C5-C6 with benefit (7/29/14) and now with returning pain. Diagnostics include a cervical MRI. On 12/26/14, Utilization Review non-certified the Epidural Steroid Injection at C5-C6 under fluoroscopy noting the MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid Injections at C5-C6 under fluoroscopy QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

Decision rationale: The employee had chronic neck and low back pain. Her prior pertinent treatment included cervical ESI in July 2014 that improved her pain from 8/10 to 2/10. Her pain was starting to come back again. Pertinent objective findings included limited range of motion of neck. Her cervical MRI showed mild bulging disc at C6-7. Impression was cervical discogenic disease. According to MTUS, Chronic Pain Medical Treatment guidelines, the section on ESIs, in 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. Since the employee had improved pain from 8/10 to 2/10, the repeat block is medically necessary. The employee was on very high doses of opioids regarding her cancer and her pain management was being transitioned from her cancer doctor to her pain management physician. So it is difficult to gauge whether she was using less or more medications. But based on the improvement of pain with prior injection, the repeat ESI is medically necessary and appropriate.