

Case Number:	CM15-0110129		
Date Assigned:	06/16/2015	Date of Injury:	08/15/2003
Decision Date:	07/15/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old who sustained an industrial injury on 08/15/2003. Diagnoses include status post L4 to S1 fusion with failed back syndrome, left lumbar radiculopathy, new onset of right lumbar radicular condition, C6-7 cervical disc protrusion, right cervical radiculitis, and GI irritation with chronic gastritis. Treatment to date has included diagnostic studies, surgery, medications, and cervical epidural injection. Her medications include Nexium, Lyrica, Tylenol #3, Ambien and Zantac. The most recent physician progress note dated 03/06/2015 documents the injured worker has chronic pain with failed back syndrome with a previous history of lumbar fusion. She is having severe worsening pain in her cervical spine with sharp shooting sensation to her upper extremities, right worse than left. She rates her pain about a 7-8 on a scale of 0 to 10. She also has chronic gastrointestinal problems, and apparently underwent a GI endoscopic procedure in Mexico, which revealed erosive esophagitis. She rates this pain about a 6-7 out of 0 to 10. On examination, she has severe tenderness over the cervical paraspinal muscles and over the levator scapular and upper trapezius. There is moderate to severe tenderness over the C5-6, and C6-7. Cervical range of motion is restricted with muscular spasm and guarding. She shows sensory deficit to light touch over the right C6 and C7 dermatomes. Previously she has a very good response to trial of cervical epidural injection. She had relief of 60-70 % for a period of about 4 months. Treatment requested is for right C6-7 cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C6-C7 cervical epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, it appears that the patient obtained pain relief from prior ESI, but there is no clear indication of objective functional improvement and decreased medication usage accompanying the pain relief. As such, the currently requested epidural steroid injection is not medically necessary.