

Case Number:	CM15-0114467		
Date Assigned:	06/22/2015	Date of Injury:	04/13/1999
Decision Date:	07/27/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/15/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 60-year-old female who sustained an industrial injury on 4/13/99. The injured worker was diagnosed as having post-laminectomy syndrome cervical, brachial neuritis/radiculitis and muscle spasm. Currently, the injured worker was with complaints of increasing neck pain and left upper extremity pain. Previous treatments included oral pain medication, heat/ice, physical therapy and injection therapy. Previous diagnostic studies included a magnetic resonance imaging. The plan of care was for a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection with fluoroscopy and sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - neck, ESI.

Decision rationale: The medical records report h/o neck pain with previous treatment of medications and injections. There is no documentation of quantitative degree of pain improvement or duration of pain improvement with previous injections. ODG supports that at the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). As there is no documentation of quantitative degree of pain improvement or duration of improvement, the medical records do not support a further ESI. This request is not medically necessary.