

Case Number:	CM15-0127236		
Date Assigned:	07/13/2015	Date of Injury:	10/31/2012
Decision Date:	08/11/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/01/2015

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 62 year old male, who sustained an industrial injury on 10/31/12. He has reported initial complaints of a neck and shoulder injury. The diagnoses have included cervical spinal stenosis, cervical radiculitis and right shoulder tendinitis status post-surgical repair. Treatment to date has included medications, activity modifications, diagnostics, right shoulder surgery, physical therapy, and home exercise program (HEP). Currently, as per the physician initial evaluation progress note dated 5/29/15, the injured worker complains of pain in the neck, right shoulder and scapula. There is numbness and tingling in the right fingers. The pain radiates from the neck to the shoulders and wakes him at night and interferes with activities. The physical exam reveals cervical tenderness. The exam of the right shoulder was unremarkable. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine. The current medications included Ibuprofen, Metoprolol and Simvastatin. There was no previous therapy sessions noted in the records. The physician noted that he does not recommend surgery at this point. The physician requested treatment included cervical epidural steroid injection each additional level x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection each additional level x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cervical ESI Page(s): 46-47.

Decision rationale: Regarding cervical epidural injections for additional levels, 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, there is indication that the patient has completed epidural steroid injection on 7/7/2015, but there is no documentation of functional improvement and reduction in medication use for at least six weeks. Furthermore, the request for additional 2 levels of cervical epidural steroid injection is not specified in the provided documentation, and not supported by MRI findings or exam findings. In the absence of such documentation, the currently requested repeat epidural steroid injection is not medically necessary.