

Case Number:	CM15-0026309		
Date Assigned:	05/05/2015	Date of Injury:	08/24/2010
Decision Date:	06/03/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/11/2015

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: Massachusetts

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 59 year old female, who sustained an industrial injury on 8/24/2010. She reported neck pain. The injured worker was diagnosed as having myofascial pain syndrome, lumbar spondylosis, headaches, trochanteric bursitis, cervical radiculopathy, cervical spondylosis, and sacroiliac pain. Treatment to date has included medications, and cervical epidural steroid injections. The request is for cervical epidural steroid injection with IV sedation at C6-C7 levels, and Baclofen. On 1/6/2015, she complained of neck pain with radiation into the bilateral upper extremities. She reported a previous cervical epidural steroid injection to have been helpful with up to 3-4 months of relief. The provider noted the pain relief to be 50% of the previous epidural with reduction in medication usage during a 6-8 week period. She rated her pain level as 8/10. The treatment plan included: cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical steroid injection with IV sedation at C6-C7 levels: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI) and Other Medical Treatment Guidelines Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant sustained a work injury in August 2010 and continues to be treated for radiating neck pain. A prior cervical epidural injection in November 2013 is referenced as having provided 50% pain relief with decreased medication use lasting for 3-4 months. When seen, she had a recurrence of radiating symptoms. Pain was rated at 8/10. Physical examination findings included pain with cervical spine range of motion with paraspinal muscle tenderness and decreased right grip strength. Authorization for another cervical epidural injection was requested. The note references severe anxiety and requests IV sedation be provided. A trial of baclofen was started. In terms of a repeat epidural cervical injection, in the therapeutic phase, a repeat injection can be offered if there is at least 50% pain relief for six to eight weeks with associated reduction of medication use. In this case, the criteria are met and the requested repeat cervical epidural steroid injection was medically necessary. The claimant has a severe anxiety and the requested IV sedation is therefore also medically necessary.

Baclofen 20mg quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-64.

Decision rationale: The claimant sustained a work injury in August 2010 and continues to be treated for radiating neck pain. A prior cervical epidural injection in November 2013 is referenced as having provided 50% pain relief with decreased medication use lasting for 3-4 months. When seen, she had a recurrence of radiating symptoms. Pain was rated at 8/10. Physical examination findings included pain with cervical spine range of motion with paraspinal muscle tenderness and decreased right grip strength. Authorization for another cervical epidural injection was requested. The note references severe anxiety and requests IV sedation be provided. A trial of baclofen was started. Oral baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. The claimant does not have spasticity due to an upper motor neuron condition. The request is therefore not medically necessary.