

Case Number:	CM14-0140708		
Date Assigned:	09/10/2014	Date of Injury:	11/16/2012
Decision Date:	10/17/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 70-year-old female with an 11/16/12 date of injury. At the time (7/14/14) of request for authorization for Transforaminal Epidural Steroid Injection, left C5-6 and IV Sedation, there is documentation of subjective (left arm pain going down to left wrist of moderate intensity) and objective (paresthesias in the thumb, index finger, and middle finger and positive Spurling's test on the left) findings, current diagnoses (chronic cervical strain and left C6 cervical radiculopathy), and treatment to date (medications, acupuncture, and previous cervical epidural steroid injection). Regarding epidural steroid injection, there is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection, as well as decreased need for pain medications and functional response following previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection, left C5-6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs)

Decision rationale: MTUS reference to ACOEM guidelines identifies Cervical Epidural Corticosteroid Injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response, as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of chronic cervical strain and left C6 cervical radiculopathy. In addition, there is documentation of previous cervical epidural steroid injection (April 2013). However, there is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection, as well as decreased need for pain medications and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for Transforaminal Epidural Steroid Injection, left C5-6 is not medically necessary.

IV Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is no documentation of a pending injection that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for IV Sedation is not medically necessary.