

Case Number:	CM14-0148642		
Date Assigned:	09/18/2014	Date of Injury:	12/23/2013
Decision Date:	10/20/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/12/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect eth claimant is a 51 year old male who sustained a work injury on 12-23-13. An office visit on 8-26-14 notes the claimant reports neck pain rated as 7/10 as well as left shoulder pain. On exam, the claimant has tenderness and decreased range of motion. He has decreased sensation of the left arm and hand to be at a C6-C7 dermatome. The claimant is being treated with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine epidural injection at level C6 under fluoroscopic guidance:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter - epidural steroid injection

Decision rationale: The MTUS Chronic Pain Guidelines as well as the ODG notes that epidural steroid injection are recommended but radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This claimant does not have evidence of radiculopathy on exam. He notes decreased sensation at C6-C7. There

is an absence in documentation noting that this claimant has undergone first line of treatment/conservative care. Therefore, the request is not medically necessary and appropriate.

CESI times three at C6 level: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter - epidural steroid injection

Decision rationale: The MTUS Chronic Pain Guidelines as well as the ODG notes that in the therapeutic phase, 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. It is further noted that current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. They recommend no more than 2 ESI injections. The medical necessity of a series of three injections is not supported per current treatment guidelines. Therefore, the request is not medically necessary and appropriate.