

Case Number:	CM13-0022751		
Date Assigned:	02/07/2014	Date of Injury:	02/09/1998
Decision Date:	03/25/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in : Anesthesia, has a subspecialty in & Pain Medicine 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 physician 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:

The patient is a 55 year old injured worker with date of injury 2/9/98. Diagnosis include cervical degenerative disc disease with bilateral upper extremity radicular pain and sensory radiculopathy, right worse than left; cervical facet arthropathy; failed back surgery syndrome; chronic lower extremity radiculopathy with weakness, right worse than left; probable lumbar facet arthropathy; bilateral knee pain secondary to internal joint derangement; and hernia. The patient is status post previous lumbar surgeries including fusion at L3-L4 and L4-L5 by anterior and posterior approach (date unknown); status post removal of posterior hardware (date unknown). MRI of the lumbar spine dated 1/19/06 revealed status post extensive L4 laminectomy with post-surgical scarring and evidence of post-surgical deformity of the right lateral recess. There is also moderate encroachment of the left foramen and mild on the right side, in addition to the diffuse moderately severe narrowing and desiccation of the disc. At L3-4, there is moderate narrowing and desiccation with a 3 mm diffuse encroachment of the left foramen and the thecal sac. Electrodiagnostic examination report dated 8/3/09 revealed moderate left L5 radiculopathy. MRI of the cervical spine dated 12/2/11 revealed moderately severe narrowing and desiccation with a 3 mm posterior central left and right posterolateral encroachment at C6-C7. Exam of the cervical spine reveals paraspinal muscle tenderness and spasm bilaterally. There is facet tenderness. There is tenderness and increased tone in the bilateral trapezius muscle. Sensation is decreased from C6 to C8 distribution, worse on the right. Treatment to date includes physical therapy, chiropractic therapy, injections, surgery, and medication. The date of UR decision was 8/8/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at right C7-T1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Review of the submitted records indicates that the injured worker meets the criteria set forth by MTUS. Many practitioners will perform cervical epidural steroid injections at the C7-T1 level regardless of the level of pathology for safety reasons. The medication spreads to the cephalad levels. The MRI dated 12/2/11 demonstrates ipsilateral posterolateral encroachment at C6-C7. Physical examination demonstrates concordant weakness and sensory deficit, thereby meeting the definition of cervical radiculopathy. The request for cervical epidural steroid injection at right C7-T1 is medically necessary and appropriate.