

Case Number:	CM13-0059550		
Date Assigned:	12/30/2013	Date of Injury:	05/20/1998
Decision Date:	10/29/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/02/2013

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 Georgia. 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:

The claimant is a 53 year old female presenting with chronic pain following a work related injury on 05/20/1998. The claimant was diagnosed with cervical radiculopathy, myofascial pain syndrome, failed neck surgery syndrome, and chronic pain. The claimant complained of neck and arm pain, dull/aching with numbness, weakness and spasms. The pain is rated a 7-9/10. The claimant's medications included Lyrica 50mg, Lidoderm patch 5%, cyclobenzaprine HCL 5mg, Amitriptyline 25mg. The claimant tried an epidural steroid injection on 4/2013 that lasted 4-5 months but there was no documentation of quantified results. The physical exam revealed a mid-line post-surgical scar with paraspinous fullness, paraspinous tenderness to palpation, positive facet loading, positive to the left, left upper extremity reflexes +1. A claim was made for cervical epidural steroid injection

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL INJECTION UNDER FLUOROSCOPIC GUIDANCE WITH ANESTHESIA: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 47.

Decision rationale: Cervical Epidural Steroid Injection under Fluoroscopic Guidance with anesthesia is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The ODG states that in terms of sedation with epidural steroid injections, the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety. Additionally, a major concern is that sedation may result in the inability of the patient to experience the expected pain and parathesias associated with spinal cord irritation. The claimant's physical exam is not consistent with cervical radiculopathy that is corroborated by diagnostic studies demonstrating the specific nerve root compression in the distribution of the claimant's pain. Additionally, anesthesia is not recommended in this case. The requested procedure is not medically necessary per ODG and CA MTUS guidelines.