

Case Number:	CM13-0070237		
Date Assigned:	01/03/2014	Date of Injury:	10/25/2010
Decision Date:	06/24/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/24/2013

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 Psychiatry 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:

The patient is a 43 year old female injured worker with date of injury 10/25/10 with related neck pain which radiates to both upper extremities. Per 10/22/13 progress report, she complained of numbness and tingling in her arms and fingers. She stated her pain was severe in nature. She also noted mid back pain. Per physical exam, there was severe palpable tenderness of the paravertebral muscles bilaterally. There was some radiculopathy to the upper extremities. There was sensor motor deficit in the nerve distribution of right C5-C6. There was sensor motor deficit in the nerve distribution of left C6-C7. Her diagnoses include cervicalgia; cervical disc herniation; cervical myelopathy; and cervical discopathy. Per MRI (date unknown) she was status post surgery for anterior fusion at C4-C5 and C5-C6 (1/26/12) which appeared to be solid at both levels associated with bilateral upper extremity radiculitis and apparent chronic C6 radiculopathy per EMG and NCV studies. She was refractory to physical therapy and medication management. The date of UR decision was 12/9/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

CESI (CERVICAL EPIDURAL STEROID INJECTIONS) AT C5-C6, SERIES OF 3-4:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, The Use of Epidural Ste.

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

Decision rationale: Per the MTUS CPMTG 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: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. 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. No more than two nerve root levels should be injected using transforaminal blocks. No more than one 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007). The current research does not support a "series-of-three" injection in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. As the MTUS guidelines do not recommend more than two ESI injections, the request is not medically necessary.