

Case Number:	CM14-0153947		
Date Assigned:	09/23/2014	Date of Injury:	04/23/2013
Decision Date:	10/27/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 45 year old employee with date of injury of 4/23/2013. Medical records indicate the patient is undergoing treatment for s/p lower extremity arthroscopy, back pain, cervical radiculopathy (C7); cervical radiculopathy, left and forminal stenosis, moderate-severe bilateral C4-5 and left C6-7, moderate bilateral. Subjective complaints include weight bearing activities worsen symptoms and resting improves them. His pain is mainly peripatellar. He does not have discrete locking or catching. He has ongoing pain in the neck and left upper extremity but no weakness. The pain is described as burning and radiates into the left trapezius and proximal arm. Objective findings include no cervical spine swelling. The patient had a normal gait. The patient had tenderness on the left paracervical region, medial border of left scapula. The patient had normal range of motion. Right upper extremity reflexes revealed biceps and triceps 2+ and left upper extremity showed biceps, triceps and brachioradialis was 2+. Exam of left lower extremity showed no tenderness to palpation. Homan's was negative and there was no calf tenderness. Treatment has consisted of home based exercises, PT, neuropathic medications, NSAIDS, Norco and Topamax. The patient had a left C6-C7 TESI on 12/09/2013 with 75 percent neck and left upper extremity with 2 months of pain relief. The second TESI on 8/27/2014 did not provide any pain relief. The utilization review determination was rendered on 9/4/2014 recommending non-certification of a Transforaminal Epidural Steroid Injection at left C6-7. Qty: 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection at left C6-7. Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46. Decision based on Non-MTUS Citation Pain, Epidural steroid injections (ESIs)

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 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 a "series-of-three" injection in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient demonstrates no radiating pain or paresthesias in the upper extremities and there is no documentation of dermal pain in the upper extremities. The medical documents provided did not document a positive spurling test and upper extremity motor, sensory and reflex physical examinations were all normal. Concerning medical imaging, there is no evidence of cervical nerve root compression on MRI. The medical documents provided do not provide evidence of cervical radiculopathy. The patient had a left C6-C7 TESI on 12/09/2013 with 75 percent neck and left upper extremity with 2 months of pain relief. The second TESI on 8/27/2014 did not provide any pain relief. As such, the request for CERVICAL EPIDURAL INJECTION is not medically necessary.