

Case Number:	CM14-0050209		
Date Assigned:	07/07/2014	Date of Injury:	04/02/1991
Decision Date:	08/27/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/17/2014

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 and Rehabilitation 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 injured worker is a 70-year-old male who reported an injury on 04/02/1991 due to his neck locking up while at his computer. The injured worker had a history of neck pain and interscapular pain with diagnoses of cervicgia, cervical spondylosis, brachial neuritis and/or radiculitis, radiculopathy at the C6, spondylosis at the C3-7 and neck pain. The past treatments included multiple epidural steroid injections bilaterally to the C5-6 region, physical therapy and acupuncture. The MRI dated 06/05/2013 revealed spondylosis, stenosis with anterior osteophytes at the C3-4, C4-5 and C5-6 posteriorly and posterior osteophytes at the C5-6 and C6-7 with bilateral foraminal narrowing. Past surgical procedures included a lumbar decompression with decompression of the central canal and excision of the facet cyst and status post right rotator cuff repair with decompression. The medications included Flexeril 10 mg and Hydrocodone/Acetaminophen 5/500. Per the 02/25/2014 clinical notes, motor examination of the upper extremities revealed 5/5 strength along with a normal gait and normal station. The objective findings dated 03/05/2014 of the neck revealed trachea midline and normal motor, reflex and sensory response. No other examination related to the spine was available for this clinical note. The reported pain level was an 8/10 using the visual analog scale (VAS). The treatment plan included an epidural steroid injection to the neck region, possible surgery and to obtain an MRI and C-spine x-rays. The Request for Authorization dated 02/26/2014 was submitted within the documentation. The rationale for the epidural steroid injection was due to neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal epidural steroid injection (ESI) C5-C6, Quantities: 2: 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): 46.

Decision rationale: The California Guidelines recommend epidural steroid injections as an option for treatment for radicular pain. Most guidelines recommend no more than 2 epidural steroid injections. Research has now shown that on average, less than 2 injections are required for a successful epidural steroid injection outcome. Epidural steroid injections can offer short-term pain relief and should be in conjunction with other rehab efforts, including a continued home exercise program. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and should be initially unresponsive to conservative treatments. Injections should be performed using fluoroscopy for guidance. If for diagnostic purposes, a maximum of 2 injections should be performed. No more than 2 nerve levels should be injected using the transforaminal blocks. Per the clinical note provided, the injured worker has had multiple epidural steroid injections. Per the guidelines, the injured worker should be unresponsive to conservative treatment. The documentation indicates that he has had physical therapy; however, no documentation for review was available. There was a lack of objective findings in the clinical notes to get a clear picture of the cervical region. As such, the request for bilateral transforaminal epidural injection (ESI) C5-C6, quantities 2 is not medically necessary.