

Case Number:	CM14-0083897		
Date Assigned:	07/21/2014	Date of Injury:	01/12/2001
Decision Date:	08/26/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/05/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 61-year-old male with a reported date of injury on 01/12/2001. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include moderate spondylosis at C6-7 and neck sprain/strain. His previous treatments were noted to include physical therapy and medications. An MRI performed on 04/04/2014 revealed no central canal stenosis, moderate spondylosis at C6-7 without central canal narrowing, focal central protrusion, and degeneration spondylosis at C4-5 without central canal narrowing; mild multilevel facet and uncovertebral arthrosis with foraminal stenosis, distribution, and degree. The progress note dated 04/30/2014 revealed the injured worker continued to complain with neck pain and stiffness, and reported on occasion, he had flare-ups of worsening pain. The injured worker revealed that he stayed very active, which helped with his symptoms; however, he continued with a constant neck pain and occasional numbness and tingling that travels down his back. The physical examination revealed tenderness to palpation noted bilaterally about the cervical paraspinal musculature, and the range of motion of the cervical spine disclosed the injured worker was very guarded in neck motion, and the injured worker complained of moderate pain at the extremes of motion. The motor examination was felt to be normal in all major muscle groups of the upper extremities, and sensory examination was normal to light touch. The deep tendon reflexes were noted to be 0 to 1+ to the biceps, triceps, and brachioradialis. The provider indicated the injured worker had failed conservative care through physical therapy and medications. The Request for Authorization form dated 03/12/2014 was for a cervical epidural steroid injection under fluoroscopy due to pain at the C6-7 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI (Epidural Steroid Injection) under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for a cervical epidural steroid injection under fluoroscopy is medically necessary. The injured worker complained of neck pain with occasional numbness and tingling that traveled down his back, and the motor examination was normal, along with the sensory examination. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in a dermatomal distribution) with corroborative findings of radiculopathy. The guidelines' criteria for epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants). The injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an adequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlinear level should be injected in 1 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 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. There was a lack of clinical findings consistent with radiculopathy such as a positive straight leg raise, decreased sensation, or decreased strength within a specific dermatomal distribution. Additionally, the MRI showed no central canal narrowing, and the request failed to provide the levels at which the injection is to be performed. Therefore, the request for Cervical ESI is not medically necessary and appropriate.