

Case Number:	CM14-0089121		
Date Assigned:	07/23/2014	Date of Injury:	10/25/2012
Decision Date:	09/22/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/13/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 46-year-old male who has submitted a claim for neck sprain and cervical intervertebral disc displacement without myelopathy, associated with an industrial injury date of October 25, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of neck pain rated 8-9/10 with radicular symptoms in the arms. Headaches were also reported. Physical examination of the cervical spine showed limitation of motion; cervical paraspinal tightness and spasm; and positive foraminal compression test. MRI of the cervical spine on November 11, 2013 revealed straightening of the cervical spine; early disc desiccation at C2-3 to C6-7 levels; mild cerebellar tonsillar herniation of less than 5mm noted; C3-4, C4-5 and C5-6 focal central disc protrusion with annular tear effacing the thecal sac; C4, C5 and C6 exiting nerve roots were unremarkable; C6-7 diffuse disc protrusion effacing the thecal sac, narrowing of the left neural foramen that effaces the left C7 exiting nerve root. The diagnoses were post traumatic cognitive dysfunction and insomnia; post traumatic chronic daily headaches as well as cervicogenic headaches, uncontrolled; chronic myofascial pain syndrome, cervical spine; and neck sprain. Treatment to date has included oral analgesics, muscle relaxants, physical therapy, shockwave treatment, trigger point injection, and acupuncture. Utilization review from May 23, 2014 certified the request for cervical epidural steroid injection C3-C4, C4-C5, C5-C6, C6-C7, and partially certified the request for facet injections to levels C3-C4, C4-C5. Due to multiple potential etiologies for pain generators, it would be harder to determine whether this was only a course of treatment potentially benefiting the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection with facet blocks C3-C4, C4-C5, C5-C6, C6-C7.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 173-175, Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. With regards to facet block, CA MTUS states that cervical facet injections have no proven benefit in treating acute neck and upper back symptoms. The guideline does not recommend intra-articular injections for acute, sub-acute, and chronic regional neck pain. In this case, most recent physical examination did not show objective findings of radiculopathy at these levels. MRI of the cervical spine showed unremarkable findings at the C4, C5 and C6 exiting nerve roots as well. The guideline requires objective radiculopathy corroborated by imaging studies, and only recommends ESI on no more than two nerve root levels. Cervical facet blocks are not recommended. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guidelines. However, utilization review dated May 23, 2014 has already certified the request for epidural steroid injections and partially certified the request for facet injections to C3-C4 and C4-C5 levels. Therefore, the request for Cervical epidural steroid injection with facet blocks C3-C4, C4-C5, C5-C6, C6-C7 is not medically necessary.