

Case Number:	CM14-0093004		
Date Assigned:	07/25/2014	Date of Injury:	11/27/2013
Decision Date:	09/23/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/19/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 45-year-old male who reported an injury after a metal tray fell on his head on 11/27/2013. The clinical note dated 06/02/2014 included diagnoses of degenerative disc disease with 2 mm at the C3-6. The injured worker reported persistent pain in the neck area, right arm pain with pain level of 8/10. On physical examination of the cervical spine, the injured worker's range of motion was forward flexion of 45 degrees and extension of 45 degrees; lateral rotation of 60 degrees, and lateral bending of 45 degrees. The injured worker had tenderness in the cervical paraspinals. The injured worker had a negative Spurling's maneuver test, and the cervical compression test was negative. The injured worker's sensation was intact to pinprick in all dermatomes in the bilateral upper extremities. The injured worker's motor strength examination was intact. The injured worker had not improved with conservative care. Treatment plan included an epidural injection. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for cervical epidural steroid injection at C5-6. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection @ C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Epidural Steroid Injections; AMA Guidelines, Radiculopathy.

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

Decision rationale: The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. 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. Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The injured worker has a negative Spurling's maneuver, a negative cervical compression test, cervical radiculopathy is not evident. In addition, the guidelines indicate sufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Moreover, the request did not indicate fluoroscopy for guidance. Additionally, it was not indicated how many sessions of physical therapy the injured worker underwent and how many sessions of physical therapy the injured worker underwent. Therefore, due to lack of radicular symptoms, the request for cervical epidural steroid injection at C5-6 is not medically necessary.