

Case Number:	CM14-0170754		
Date Assigned:	10/23/2014	Date of Injury:	02/16/2010
Decision Date:	02/11/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/15/2014

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 Acupuncture & Pain Medicine 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:

53y/o female injured worker with date of injury 2/16/10 with related neck pain. Per progress report dated 8/18/14, the injured worker was more than a year from cervical anterior fusion from C3-C5. She stated that she initially felt improvement in the neck and radiating arm pain. She had persistent pain that seemed to be worsening with a very restricted cervical range of movement that was noted on the last therapy visit. Per physical exam, there was a very significant restricted cervical range of movement and tenderness at approximately C5-C6. There was positive Spurling sign on both right and left. There was 4+/5 strength in the right and left biceps, otherwise 5/5 motor strength. There was mild numbness and tingling into the right thumb, index, and long finger of the right hand. The provider indicated that the injured worker's current symptoms were directly related to the impingement at the C5-C6 level. MRI dated 7/15/14 revealed at C5-C6 a central to left paracentral disc osteophyte complex at 5-6mm with mild flattening of the spinal cord centrally with AP diameter of cord reduced to 8-9mm consistent with mild stenosis and severe stenosis of the right lateral recess and right neural foramen noted due to the large paracentral disc osteophyte. Treatment to date has included physical therapy, surgery, and medication management. The date of UR decision was 10/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injections, unspecified level and laterality per 9/26/2014 report Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs-Epidural Steroid Injections.

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

Decision rationale: Per the MTUS CPMTG, epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery; however, this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 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" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. As the request does not specify level and laterality, medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of the request for the C5-C6 level.