

Case Number:	CM14-0171725		
Date Assigned:	10/23/2014	Date of Injury:	11/24/1999
Decision Date:	01/02/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/17/2014

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 Anesthesiology, has a subspecialty in 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:

The injured worker is a 59 year old male with a date of injury of 11/24/99 related neck and upper extremity pain. Per progress report dated 9/29/14, the injured worker complained of continued left neck and left upper extremity symptoms. Per physical exam, there was decreased cervical range of motion, decreased sensation in the left C7 and C8 dermatomes, positive Spurling's on the left, positive Tinel's at the left elbow, relief of neurologic symptoms with traction, and tenderness to palpation at the cervical spine and left trapezius. MRI of the cervical spine dated 8/29/14 revealed central canal stenosis, which was moderate-to-severe at C3-C4 and C4-C5 and mild-to-moderate at C5-C6 and C6-C7. Moderate-to-severe bilateral neural foraminal narrowing at C3-C4, C4-C5, C5-C6 and C6-C7 was noted secondary to uncovertebral and facet hypertrophy. Treatment to date has included physical therapy, chiropractic manipulation, and medication management. The date of UR decision was 10/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Sets of Left C6-7 and C7-T1 Therapeutic Steroid Transforaminal Epidural Steroid Injections: 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: Per the MTUS Chronic Pain Medical Treatment Guidelines, "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, but 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."The documentation submitted for review does not contain physical exam findings of radiculopathy. The above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. While sensation deficit was noted about the C7 and C8 dermatomes, there was no documentation of weakness or reflex deficit. As the first criteria are not met, the request is not medically necessary.