

Case Number:	CM14-0183156		
Date Assigned:	11/07/2014	Date of Injury:	04/17/2013
Decision Date:	04/14/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 50-year-old female who sustained an industrial injury on 04/17/13. The mechanism of injury was not documented. The 7/31/13 cervical spine MRI impression documented a left paracentral/left proximal foraminal disc protrusion at C5/6 with associated annular fissure. The disc protrusion resulted in left ventral indentation of the cord, with a normal cord signal. There was minimal canal and right neuroforaminal narrowing, and moderate to severe left neuroforaminal narrowing. The 4/22/14 bilateral upper extremity electrodiagnostic study was normal. The 9/16/14 treating physician report cited grade 4/10 cervical pain radiating into the fingertips. The injured worker was reported better with medications. Physical exam documented antalgic gait to the left, decreased cervical lordosis, cervical tenderness and spasms, and decreased cervical range of motion. There was decreased sensation along the left C6/7 dermatomes, 5/5 strength, and diminished left brachioradialis and triceps reflexes. A second bilateral C5/6 and C6/7 transfacet epidural steroid injection was provided more than 2.5 months ago which resolved her right sided symptoms. Left symptoms were improved 50-60% and she was taking less medication. The 10/13/14 utilization review non-certified the request for a third cervical epidural steroid injection. The rationale for non-certification cited an absence of detailed documentation of medication reduction and functional benefit with prior epidural steroid injections, lack of guideline support for a 'series of three' injections, and no imaging or electrodiagnostic abnormalities to support the medical necessity of injection 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:

Third left C5-C6 & C6-C7 transfacet epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Brunner P, Amoretti N, Soares F, Brunner E, Cazaux E, Brocq O, Chanalet S, Liberatore M, Cucchi JM, Mourou MY, Michelozzi G, Robino C. Approaches in injections for radicular pain: the transforaminal, epidural and transfacet approaches. *Diagn Interv Imaging*. 2012 Sep;93(9):711-22.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) supports the use of epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. Repeat diagnostic blocks are not recommended if there is inadequate response to the first block. No more than two nerve root levels should be injected using transforaminal blocks. Repeat injections 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. Guideline criteria have not been met. This patient presented with radicular cervical pain and clinical exam findings consistent with radiculopathy at the C5/6 and C6/7. However, there was no clear imaging to support radiculopathy at the C6/7 level, and electrodiagnostic studies were normal. This is a request for a third injection with no clear guideline-required documentation to support a repeat injection. Additionally, this request is for a transfacet versus transforaminal approach which is not clearly supported by guidelines. There is no evidence of facet joint involvement on exam to support this approach. Therefore, this request is not medically necessary.