

Case Number:	CM14-0206544		
Date Assigned:	12/18/2014	Date of Injury:	04/10/2012
Decision Date:	02/12/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/10/2014

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 Internal Medicine, has a subspecialty in Rheumatology, Allergy & Immunology and is licensed to practice in Texas. 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:

This is a 39 year old female with a date of injury of 11/21/14. She is being treated for cervicalgia, cervical radiculitis. Subjective findings on follow-up visit on 11/13/14 include worsening pain in neck with radiation down bilateral arms temporarily helped by acupuncture. Objective findings include normal sensation, normal reflexes, mild restrictions in ROM due to pain, moderate tenderness upon palpation of neck musculature, + Hawkins bilaterally, + Neers bilaterally, normal strength, and + Finkelsteins bilaterally. The MRI of the cervical spine on 6/29/12 was reported with broad-based central herniation at C3-4 effacing the CSF anterior to the spinal cord with minimal central cord flattening, C4-5 with shallow central protrusion. Previous treatments have consisted of acupuncture, TENS unit, physical therapy, trigger point injection, activity modification and medications (ibuprofen, cyclobenzaprine). The Utilization Review on 11/21/14 the request for C7-T1 Interlaminar ESI was non-certify due to lack of failure of conservative treatments, failure to document radiculopathy with corroboration with imaging or electrical diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 Interlaminar Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs).

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that a home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain, if any. MTUS further defines the criteria for epidural steroid injections to include: 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 patient demonstrates no radiating pain or paresthesias in the upper extremities and there is no documentation of dermal pain in the upper extremities. The medical documents provided did not document a positive spurling test and upper extremity motor, sensory and reflex physical examinations were all normal. Concerning medical imaging, there is no evidence of cervical nerve root compression on MRI. The medical documents provided do not provide evidence of cervical radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. As such, the request for C7-T1 Interlaminar Epidural Steroid Injection is not medically necessary.