

Case Number:	CM14-0084778		
Date Assigned:	07/21/2014	Date of Injury:	02/12/1996
Decision Date:	12/21/2015	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/06/2014

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52 year old female, who sustained an industrial injury on 2-12-1996. The injured worker is undergoing treatment for pain to the shoulder, upper arm, and neck and upper thoracic. On 11-13-13, she reported pain levels of 2-4 out of 10. There is notation of Oxycodone being tapered off. She reported a decrease in activities such as walking due to upper back pain being increased and feeling as if the last block had worn off. Pennsaid solution is noted to give her a 50 percent reduction in pain. Physical examination revealed a non-antalgic gait, normal stance, increased flexion of cervical spine by 15 degrees, tenderness with myofascial trigger points in the neck and upper back area, cervico thoracic junction kyphosis at 40 degrees, left shoulder anklyosed, decreased bilateral shoulder range of motion, decreased left wrist range of motion, less tenderness is noted to the thoracic spine, deep breathing noted to be limited on the left, "significant muscle spasm" in the thoracic spine, amplitude tremor increased with a activity, decreased strength in left upper extremity. On 12-4-13, her pain is noted to have decreased by over 50 percent after a steroid injection was administered on 8-5-13 with her pain being indicated as having a gradual return. Her activities of daily living are noted to have increased "significantly" following facet block surgery. She reported being able to "now walk a mile without need of medications". Examination of the cervical spine revealed cervico thoracic junction kyphosis at 45 degrees. The treatment and diagnostic testing to date has included left C5-6 transforaminal steroid injection (8-31-11 and 8-5-13), spinal cord stimulator (2006), medications, psychotherapy, and an exercise ball. Medications have included gabitril, clonazepam, Cymbalta, pennsaid, Lexapro, oxycontin, oxycodone, ketamine cream. Current

work status: unclear. The request for authorization is for one repeat left C5-C6 transforaminal epidural steroid injection as an outpatient. The UR dated 5-12-2014: non-certified the request for one repeat left C5-C6 transforaminal epidural steroid injection as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Left C5-C6 Transforaminal Epidural Steroid Injection, as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck, ESI.

Decision rationale: This claimant was injured in 1996 and has pain to the shoulder, upper arm, and neck and upper thoracic. On 12-4-13, her pain is noted to have decreased by over 50 percent after a steroid injection was administered on 8-5-13 with her pain being indicated as having a gradual return. The actual duration of pain relief above is 50%, and other parameters of measured, objective functional improvement, is not known. The current work status is also unclear. The current California web-based MTUS collection was reviewed in addressing this request. They do not specifically fully address ESI for the neck. The ODG and other sources simply as of late do not support cervical ESI. Per the ODG: 1. Recent evidence: ESIs should not be recommended in the cervical region, the FDA's Anesthetic and Analgesic Drug Products Advisory Committee concluded. Injecting a particulate steroid in the cervical region, especially using the transforaminal approach, increases the risk for sometimes serious and irreversible neurological adverse events, including stroke, paraplegia, spinal cord infarction, and even death. The FDA has never approved an injectable corticosteroid product administered via epidural injection, so this use, although common, is considered off-label. Injections into the cervical region, as opposed to the lumbar area, are relatively risky, and the risk for accidental injury in the arterial system is greater in this location. (FDA, 2015) 2. An AMA review suggested that ESIs are not recommended higher than the C6-7 level; no cervical interlaminar ESI should be undertaken at any segmental level without preprocedural review; & particulate steroids should not be used in therapeutic cervical transforaminal injections. (Benzon, 2015) 3. According to the American Academy of Neurology (AAN), ESIs do not improve function, lessen need for surgery, or provide long-term pain relief, and the routine use of ESIs is not recommended. They further said that there is in particular a paucity of evidence for the use of ESIs to treat radicular cervical pain. (AAN, 2015) Based on evidence-based review, the request is not medically necessary.