

Case Number:	CM15-0002587		
Date Assigned:	01/13/2015	Date of Injury:	07/06/2011
Decision Date:	03/10/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/06/2015

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, California

Certification(s)/Specialty: Family Practice

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 (IW) is male, who sustained traumatic brain, industrial injury on 7/5/2011. He has reported constant neck and back pain with radiation of numbness and tingling to the upper extremities He was diagnosed with status post thoracic (T)12-lumbar(L)4 interbody fusion, chronic residual low back pain, chronic pain syndrome, anxiety state and depression secondary to chronic pain, L3 burst fracture, L3-L4 radiculopathy, peripheral polyneuropathy, cognitive deficits, balance problems, cervical spondylosis with bilaterally upper extremity radiculopathies and pseudoarthrosis at L3-L4 with loosening of bilateral L4 screws. Treatment to date has included diagnostic studies, laboratory studies, radiographic imaging, surgical interventions and pain medications. Currently, the IW complains of constant neck and back pain with radiation of numbness and tingling to the upper extremities. Evaluation on June 3, 2014, revealed continued complaints as noted above. The physician requested a magnetic resonance image (MRI) of the cervical spine at this time. On June 11, 2014, the symptoms continued. Examination revealed positive Spurling's and cervical compression tests bilaterally with a decreased cervical (C) range of motion noted. On August 12, 2014, improvement up to fifty percent was reported after a steroid injection. Aquatic therapy for the cervical and thoracic spine was recommended. On September 17, 2014, the IW complained of severe pain and reported the injection had only provided relief for one week. The recommendation was for physical therapy. He continued to experience similar pain symptoms He had received cervical ESI on 8/8/14 for this injury He has had a urine drug toxicology report on 10/30/14 that was consistent for Gabapentin. Per the doctor's note dated 12/10/14 patient had complaints of neck and back pain at 5/10 with radiation

numbness, tingling. Physical examination revealed, positive Spurling and cervical compression test, limited range of motion, 4/5 strength, diminished sensation in C 6-7 dermatome. The medication list include Cymbalta, Neurontin, Norco and Robaxin. The patient's surgical history include lumbar fusion. The patient has had EMG that revealed L3-4 radiculopathy and MRI of the cervical spine that revealed disc protrusion and spinal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second cervical epidural steroid injection at C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Epidural steroid injections (ESIs), Page(s): page 46.

Decision rationale: Request: Second cervical epidural steroid injection at C6-C7The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is 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 functional benefit. 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"Per the cited guideline criteria for ESI are "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)."Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, 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. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. He had received cervical ESI on 8/8/14Per the cited guidelines, "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."There was no evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous cervical ESIsAny evidence of associated reduction of medication use was not specified in the records provided.Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided.With this, it is deemed that the medical necessity of request for Second cervical epidural steroid injection at C6-C7 is not fully established for this patient.