

Case Number:	CM15-0006481		
Date Assigned:	01/21/2015	Date of Injury:	01/05/2004
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/12/2015

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: New York, Tennessee
Certification(s)/Specialty: Emergency 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 73-year-old female with an industrial injury dated 01/05/2004 when she fell off a ladder. Her diagnoses include cervical syndrome, occipital neuralgia right side, facet arthropathy, and cervical spondylosis. Recent diagnostic testing has included x-rays and MRI of the cervical spine; however, these results were not submitted or discussed. She has been treated with narcotic pain medication, conservative measures, physical therapy, and previous steroid injection (11/26/2014). In a progress note dated 12/03/2014, the treating physician reports significant improvement with previous epidural steroid injection by at least 50% with diminished frequency and intensity of cervical pain and radicular symptoms, and a vast improvement in range of motion in the cervical spine. The objective examination revealed a previous pain rating of 8 on a good day and 10 on a bad day, abnormal cervical inspection, tenderness to palpation at the C5-C6 level, spasms, decreased range of motion in the cervical spine and decreased strength and sensation in the right upper extremity. The treating physician is requesting cervical epidural steroid injection under anesthesia and with x-ray and fluoroscopic guidance which was denied by the utilization review. On 12/17/2014, Utilization Review non-certified a request for cervical an epidural steroid injection under anesthesia and with x-ray and fluoroscopic guidance to be done at [REDACTED] noting the lack of evidence upon physical exam that show pain and findings that follow a particular dermatome, lack of objective functional improvement, and the absence of specified level for injection. The MTUS was cited. On 01/12/2015, the injured worker submitted an application for IMR for review of a cervical epidural steroid injection under anesthesia and with x-ray and fluoroscopic guidance to be done at [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI, Anesthesia With X-Ray Fluoroscopic Guidance To Be Done At [REDACTED]
[REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46.

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case, the patient has signs of cervical radiculopathy on physical examination, but there is no corroboration by imaging or electrodiagnostic studies. In addition, there is insufficient evidence that ESI is effective for cervical radicular pain. The request should not be authorized.