

Case Number:	CM15-0101420		
Date Assigned:	06/09/2015	Date of Injury:	09/02/2004
Decision Date:	07/09/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 72 year old female who sustained an industrial injury on 09/02/2004. Mechanism of injury was not documented. Diagnoses include status post right knee arthroplasty x 2, herniated cervical disc at C4-C5, C5-C6 with symptoms of radiculopathy, right shoulder impingement with rotator cuff tendinitis with acromioclavicular osteoarthritis, carpal tunnel syndrome of the right hand and wrist, lumbar disc lesion with radiculitis, anxiety and depression, insomnia, status post right carpal tunnel release, status post left carpal tunnel release, left knee overload pain and degenerative joint disease of the bilateral knees. Treatment to date has included diagnostic studies, medications, and epidural steroid injections. A Magnetic Resonance Imaging of the cervical spine done on 11/04/2013 showed at C5-6 there is a 3mm right paracentral disc protrusion with impression on the spinal cord and mild central spinal canal stenosis, there are small disc osteophytes at C4-C6 and C6-C7 without significant spinal canal neural foraminal stenosis. A physician progress note dated 03/26/2015 documents the injured worker complains of cervical spine pain. She states she received 2 cervical epidural steroid injections in November of 2014 and her pain was significantly reduced. On examination of the cervical spine, flexion is 50 degrees, extension is 30 degrees, rotation is 70 degrees bilaterally, and right lateral bending is 30 degrees and left lateral bending is 20 degrees. There is positive Foramina Compression test and positive Spurling's. Treatment requested is for C4-5, C5-6 and C6-7 epidural steroid injection, and Pre Op labs: CBC, PTT, PT, INR, CHEM 7 and urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5, C5-6 and C6-7 epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

Decision rationale: The claimant sustained a work injury in September 2004 and continues to be treated for radiating neck pain. When seen, she had undergone an epidural steroid injection in November 2014. The assessment references a reduction of pain in symptoms after the procedure. There was decreased cervical spine range of motion with positive Spurling's and compression testing. There was decreased upper extremity sensation. The procedure note from November 2004 was reviewed. The claimant had actually undergone a combined epidural injection with multilevel facet blocks. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the duration and degree of pain relief from the last injection is not documented. Additionally, the injections being performed were combined procedures. It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks as this may lead to improper diagnosis or unnecessary treatment. Therefore the requested epidural steroid injection and pre-op testing are not medically necessary.

Pre Op labs: CBC, PTT, PT, INR, CHEM 7 and urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

Decision rationale: The claimant sustained a work injury in September 2004 and continues to be treated for radiating neck pain. When seen, she had undergone an epidural steroid injection in November 2014. The assessment references a reduction of pain in symptoms after the procedure. There was decreased cervical spine range of motion with positive Spurling's and compression testing. There was decreased upper extremity sensation. The procedure note from November 2004 was reviewed. The claimant had actually undergone a combined epidural injection with multilevel facet blocks. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the duration and degree of pain relief from the last injection is not documented. Additionally, the injections being performed were combined procedures. It is currently not recommended to perform epidural

blocks on the same day of treatment as facet blocks as this may lead to improper diagnosis or unnecessary treatment. Therefore the requested epidural steroid injection and pre-op testing are not medically necessary.