MAXIMUS Federal Services

Case Number:	CM15-0102564		
Date Assigned:	06/04/2015	Date of Injury:	08/01/2000
Decision Date:	07/14/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/28/2015

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: Arizona, 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:

This is a 71 year old female with an August 1, 2000 date of injury. A progress note dated May 6, 2015 documents subjective findings (neck pain; left shoulder pain; left arm pain; pain rated at a level of 9/10 without medications and 6/10 with medications; average pain over past month rated at a level of 6/10), objective findings (decreased range of motion of the cervical spine with pain; crepitus of the cervical spine; radicular pain of the left shoulder and left arm; tenderness of the paracervical, periscapular, and trapezius; decreased sensation of the left deltoid patch, left first web space, and left lateral forearm; decreased reflexes of the left biceps, triceps, and brachioradialis compared to the right), and current diagnoses (cervical spondylosis with myelopathy; abnormality of gait; neuritis; chronic pain syndrome; facet arthropathy; failed cervical back surgery syndrome; cervical spine stenosis; neck pain; cervical radiculopathy). Treatments to date have included medications, cervical spine surgeries, and epidural steroid injections. The medical record identifies that medications help control the pain, and there is documentation supporting functional improvement with the medications. The treating physician documented a plan of care that included bilateral C7-T1 epidural steroid injections. The injured worker is a 71 year old female who sustained an industrial injury on 8/1/00. The mechanism of injury is unclear. She currently complains of bilateral lateral neck, bilateral posterior neck, left shoulder and left arm pain with radiation to the left arm. Medications relieve the pain. Her pain level without medications is 9/10 and with medications is 6/10. She can perform activities of daily living and socialize one night per week. On physical exam, there is painful active range of motion of the cervical spine. Medications are Nuvigil, Lexapro, Miralax, Protonix, oxycodone,

Aleve. Diagnoses include failed back surgery syndrome, cervical; Neuritis; chronic pain syndrome; cervical radiculopathy; spinal stenosis in cervical region; facet arthropathy; gastroesophageal reflux disease; cervical spondylosis with myelopathy; neck pain. Diagnostics include computed tomography cervical spine (10/2/07) showing bilateral foraminal narrowing. In the progress note dated 5/8/15 the treating provider's plan of care includes bilateral C7-T1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C7-T1 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the criteria for the use of Epidural steroid injections: Note: 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. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic 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. In this case, the claimant had prior positive findings on EMG/NCV with narrowing noted on CT scan of the cervical spine at C7-T1. In addition, clinical exam was notable foe decreased sensation in the left forearm. The request for an ESI is therefore not medically necessary.