

Case Number:	CM15-0104198		
Date Assigned:	06/08/2015	Date of Injury:	01/15/1995
Decision Date:	07/08/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/01/2015

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: North Carolina

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 is a 54 year old female, who sustained an industrial injury on 1/15/95. Initial complaints were not reviewed. The injured worker was diagnosed as having displacement of cervical intervertebral disc without myelopathy. Treatment to date has included status post transforaminal epidural steroid injection (TFESI) lumbar L3-L4 (3/10/15). Diagnostics included MRI cervical spine (6/24/13). Currently, the PR-2 notes dated 4/16/15 indicated the injured worker returns for a follow-up visit reporting ongoing improvement of her lumbar symptoms from previous bilateral L3-4 transforaminal epidural steroid injection (TFESI) on 3/10/15. She complains of neck pain and upper extremity pain and "will be undergoing bilateral C5-6 and C6-7 TESI next week." On physical examination of the cervical spine the provider notes restricted range of motion in all directions with pain throughout the paracervical area with positive axial compression test and positive Spurling's sign. There is pain of the C6-C7 dermatomal distributions bilaterally. The lumbar spine reveals range of motion in all directions with some mild midline tenderness at L3-4. Quad loading and straight leg raise are negative. A MRI cervical spine dated 6/24/13 notes C3-C4, C4-C5 and C5-C6 2mm posterocentral protrusion at each space. There is a mild neuroforaminal stenosis due to uncinated hypertrophy. At C6-C7 there is a 2.4mm posterocentral protrusion with a mild bilateral neuroforaminal stenosis due to uncinated hypertrophy. The provider treatment plan documents a continuation of Norco and Neurontin and physical therapy. He is also requesting transforaminal epidural steroid injection (TFESI) bilateral cervical at C5-C6 and C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection (TFESI), Bilateral (cervical) C5-C6, C6-C7:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: 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 electrodiagnostic 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. The provided clinical documentation meets criteria for ESI and therefore the request is medically necessary.