

Case Number:	CM15-0108809		
Date Assigned:	06/15/2015	Date of Injury:	05/01/2013
Decision Date:	07/16/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/05/2015

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: California

Certification(s)/Specialty: Internal 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 53-year-old female, who sustained an industrial injury on 5/1/2013. She reported sharp pain from the base of her skull to the top of her head, along with dizziness. Diagnoses have included status post C5-6 disc replacement on 7/23/2014, residual radiculitis, shoulder pain, back pain and facet syndrome of the cervical spine. Treatment to date has included cervical disc replacement, physical therapy, facet joint injections on 8/21/2013 at C5-6 and medication. According to the progress report dated 5/4/2015, the injured worker complained of headaches and shoulder blade pain. She reported improved neck and arm pain. She was currently taking Oxycodone, which helped with pain reduction. Physical exam revealed pain to palpation over the facet joints C3-4, C4-5 and C5-6. Range of motion was limited secondary to pain. Spurling's test was positive. Authorization was requested for bilateral C3-C4, C4-C5 & C5-C6 dorsal ramus block injections with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3-C4, C4-C5 & C5-C6 Dorsal Ramus Block injections with fluoroscopy:

Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Up to date Topic 5263 and Version 14.0.

Decision rationale: The AECOM notes that epidural injection of steroids is an optional treatment with neck radiculopathy in order to avoid surgery. It also states that there is no evidence that invasive procedures such as needle acupuncture, injection of trigger points, or facet joint injections are beneficial in treating acute neck pain. It also states that there is no evidence that the injection of steroids, lidocaine, or opioids into the epidural space is of any benefit in acute pain. However, it does state that some pain specialists believe that either diagnostic or therapeutic injection of such medicines into the epidural space may be of benefit in the transitional phase between acute and chronic pain. Up to date states, that there are small prospective and retrospective studies suggesting that epidural steroid injection into the neck has proved successful in 40 to 60 % of patients. However, it is difficult to know whether the improvement is from the injection or the natural course of the disease. The review goes on to say that epidural steroid injections into the cervical region is recommended in severe pain after 6 to 8 weeks of conservative therapy have been attempted unsuccessfully in order to avoid surgery. It notes that adverse effects of this procedure are rare if done in specialty centers with experience in this procedure. Our patient has chronic radicular pain and has had a multitude of treatment modalities including cervical disc surgery, PT, facet injections, and pain meds. Her MD proposes steroid injection of the posterior ramus nerves under fluoroscopy. All precautions appear to be having been taken to avoid unwanted consequences and the patient may potentially benefit from this procedure. She should have authorization for the block and the UR decision is overturned. The request is medically necessary.