

Case Number:	CM15-0109119		
Date Assigned:	06/15/2015	Date of Injury:	09/21/2004
Decision Date:	07/15/2015	UR Denial Date:	06/02/2015
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 70-year-old male, who sustained an industrial injury on 9/21/2004. He reported neck and low back pain. The injured worker was diagnosed as having history of progressive right neck pain and right upper extremity radicular pain, cervical degenerative disc disease, lumbar degenerative disc disease, and right low back pain. Treatment to date has included medications, and magnetic resonance imaging of the cervical spine. The request is for 2 cervical epidural steroid injections, and re-evaluation at 90 day intervals. On 5/26/2015, he reported having excellent results from a recent cervical epidural steroid injection. He indicated his pain involved both shoulders and arms and this was now greater than 70% improved, however he continued to complain of numbness and tingling in the neck area. He reported his low back pain was significantly improved from a facet joint injection. His neck is noted to have muscle spasms. The treatment plan included 2 cervical epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 cervical epidural steroid injection (CESI) right C7-T1 interlaminar space: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Chapter, updated 5/12/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, 181-183, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injection (ESI). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESI) are an option for radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology recently concluded that there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The pain management report dated 05/26/2015 documented that the patient had the first cervical epidural steroid injection on May 6, 2015. Two cervical epidural steroid injections directed to the right C7-T1 interlaminar space were requested. Per MTUS, 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. Most current guidelines recommend no more than 2 ESI injections. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. No more than 2 epidural steroid injections are recommended. Two cervical epidural steroid injections directed to the right C7-T1 interlaminar space were requested, which exceeds MTUS guidelines, which indicate that no more than 2 epidural steroid injections are recommended. The request for 2 cervical epidural steroid injections is not supported by MTUS guidelines. Therefore, the request for 2 cervical epidural steroid injections is not medically necessary.

Re-evaluation at 90 day intervals: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and

Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. Official Disability Guidelines (ODG) indicates that office visits are recommended as determined to be medically necessary. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The pain management report dated 05/26/2015 documented that the patient had the first cervical epidural steroid injection on May 6, 2015. Two cervical epidural steroid injections directed to the right C7-T1 interlaminar space were requested. The patient has severe pain involving both shoulders and arms. The patient continues to have tingling pain and numbness that is uncomfortable. The tingling worsens when he tilts his neck back or to the right. Low back pain was noted. Diagnoses included neck pain and right upper extremity radicular pain in the C4 distribution, cervical degenerative disc disease, C3-4 disc disease and foraminal osteoporosis causing central canal disc bulge causing central canal stenosis, C6-7 bilateral facet hypertrophy with canal stenosis, lumbar degenerative disc disease, history of previous lumbar stenosis, low back pain, and facet disease. Re-evaluation at 90 day intervals was requested. No limitation on the duration of the re-evaluation period was specified. Per ODG, office visits are recommended as determined to be medically necessary. Indefinite re-evaluation office visits is not supported by ODG guidelines. Therefore, the request for re-evaluation at 90 day intervals is not medically necessary.