

Case Number:	CM15-0130034		
Date Assigned:	07/16/2015	Date of Injury:	12/02/2010
Decision Date:	08/12/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/06/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 65-year-old female who sustained a work related injury December 2, 2010. During her course of employment as a photographer, she developed pain in her neck, lower back, and right foot, big toe. Past history included s/p right carpal tunnel release. An MRI of the cervical spine dated March 27, 2014, (report present in the medical record) revealed C2-C3 mild anterolisthesis, C3-C4 and C4-C5 small disc bulges and protrusions and C5-C6 C6-C7, 3 mm disc bulges, lateral degenerative foraminal stenosis. On February 21, 2015, the injured worker underwent left C5-C6, C6-C7, right C5-C6, C6-C7 epidural steroid injections. According to an orthopedic agreed medical examiner report, dated May 26, 2015, physical examination of the cervical spine revealed; range of motion flexion 40-20 degrees, extension 25-10 degrees, right and left lateral bending 35 degrees, right and left rotation 70 degrees. On palpation, there is muscle spasm in the cervical spine over the paravertebral muscles and bilateral trapezius muscles. She ambulates with a normal gait. Diagnoses are bilateral carpal tunnel syndrome and right ulnar cubital tunnel; cervical arthritis with radiculopathy; right great toe hallux rigidus, unrelated. At issue, is the request for authorization for bilateral C5-C6 and C6-C7 transfacet epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-C6 and C6-C7 transfacet epidural steroid injection, cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck - epidural steroid injections.

Decision rationale: Bilateral C5-C6 and C6-C7 transfacet epidural steroid injection, cervical spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that 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. The MTUS and the ODG state that current research does not support a "series-of-three" Injections in either the diagnostic or the therapeutic phase and the MTUS recommends no more than 2 epidural steroid injections. Epidural steroid injections are not recommended based on recent evidence per the ODG, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. These had been recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The documentation does not indicate evidence of functional improvement from prior injections therefore the request for a third injection is not medically necessary.