

Case Number:	CM15-0132366		
Date Assigned:	07/20/2015	Date of Injury:	11/14/1999
Decision Date:	08/20/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/08/2015

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: Physical Medicine & Rehabilitation

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 64 year old female, who sustained an industrial injury on 11/14/99. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical degenerative disc disease; occipital neuralgia; insomnia; depression; cervicogenic headaches occipital neuralgia. Treatment to date has included physical therapy; bilateral greater occipital nerve block; urine drug screening; medications. Currently, the PR-2 notes dated 6/4/15 indicated the injured worker complains of pain on the left side of her head and waking her up at night. Her urine drug screening and CURES reports are reported as consistent with her current medications therapy. The notes reveal she has a depressed affect, fatigued and uncomfortable appearing. She has positive tenderness to palpation over the occipital ridge as well as C4-C7. She has positive complaints of numbness and tingling that radiate down the bilateral upper extremities with the left greater than the right. She reports cervicogenic headaches are daily. She has had bilateral greater occipital nerve block that was of no benefit. The provider is requesting authorization of One bilateral C4-5, C5-6 and C6-7 interlaminar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral C4-5, C5-6 and C6-7 interlaminar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The 64 year old patient complains of increasing neck pain radiating to left arm along with "really bad" pain in the left side of the head, as per progress report dated 06/04/15. The request is for one bilateral C4-5, C5-6 and C6-7 interlaminar epidural steroid injection. The RFA for the case is dated 06/15/15, and the patient's date of injury is 11/14/99. The patient is experiencing numbness and tingling radiating down the bilateral upper extremities, and has been diagnosed with cervical degenerative disc disease, occipital neuralgia sequelae, cervicogenic headache sequelae, insomnia, and depression. Medications included Norco, Trazodone, Fentanyl patch, and Lidoderm patch. The pain is rated at 5-7/10, as per progress report dated 05/04/15. The patient has received an occipital nerve block in the past without any benefit, as per the same progress report. The reports do not document the patient's work status. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 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, progress reports do not document prior ESI of the cervical spine. The current request is noted in progress report dated 06/04/15. The treater is requesting for the injection as "the patient is complaining of increased pain and radicular symptoms into the bilateral upper extremities left greater than right. These symptoms include pain, numbness and tingling." Physical examination, as per progress report dated 07/18/14, revealed positive Spurling's maneuver along with decreased sensation in the left upper extremities. Cervical CT scan, dated 05/23/14, revealed mild central canal narrowing at C4-5, C5-6 and C6-7 along with scattered neural foraminal narrowing, most severe at C4-5. While the progress reports document radiculopathy by physical examination, there is no clear documentation of radiculopathy during imaging studies as the CT only showed degenerative changes without a clear nerve root lesion. Additionally MTUS does not recommend ESI injections at more than two levels during one session. Also, MTUS states on p46, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Hence, the request IS NOT medically necessary.