

Case Number:	CM15-0132527		
Date Assigned:	07/20/2015	Date of Injury:	08/02/2010
Decision Date:	08/19/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/09/2015

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 72 year old female who sustained a work related injury August 2, 2010. A cervical MRI, dated November 25, 2014 (report present in the medical record) revealed moderate chronic degenerative disease, worse at the typical mid-levels; multiple levels moderate to severe foraminal stenosis. According to a physician's notes, dated June 10, 2015, the injured worker presented for follow-up status post epidural steroid injection and physical therapy. There is no significant relief noted from prior injection. She complains of right sided pain, radiating to the trapezius and scapula, and down the right arm. Medication history included Medrol, Gabapentin, Naproxen, and Prilosec. Physical examination revealed cervical spine range of motion is normal in extension, flexion, side bending, and rotation. Strength testing of the major muscles are 5 out of 5 except the left triceps are 4 out of 5 and the right wrist extensor 4 out of 5. Diagnoses are cervical spondylosis; brachial neuritis; cervicalgia. At issue, is the request for authorization for right sided C5-6, C6-7 cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided C5-6, C6-7 cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The patient presents with pain in the right side of the neck radiating to right trapezius, scapula and right arm, as per progress report dated 06/10/15. The request is for RIGHT SIDED C5-6, C6-7 EPIDURAL STEROID INJECTION. The RFA for the case is dated 06/30/15, and the patient's date of injury is 08/02/10. Diagnoses, as per progress report dated 06/10/15, included cervical spondylosis, brachial neuritis, and cervicgia. Medications included Medrol, Naproxen, Prilosec and Gabapentin. MRI of the cervical spine, dated 11/25/14, revealed moderate to severe foraminal stenosis bilaterally at C4-5, C5-6, and C6-7; moderate to severe central canal stenosis at C4-5 and C5-6; and mild central canal stenosis at C6-7. The patient is working, as per progress report dated 02/25/15. 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. 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. 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 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." MTUS P 46 states "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." In this case, the patient is status post cervical ESI at C5-6 and C6-7 on 02/12/15. As per progress report dated 02/25/15, the injection led to "successful relief of arm pain. Some residual tingling in hands, difficulty with extension." In the same report, the treater also states that "CESI worked well," but does not document at least 50% pain relief, objective functional improvement, or reduction in medication use. Additionally, in a subsequent progress report dated 06/10/15, the treater states that "there was no significant relief from prior injection." Given the lack of documentation of efficacy, the request for repeat injection IS NOT medically necessary.