

Case Number:	CM15-0161748		
Date Assigned:	08/27/2015	Date of Injury:	05/14/1993
Decision Date:	09/30/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56-year-old female sustained an industrial injury to the neck and back on 5-14-93. Magnetic resonance imaging lumbar spine showed retrolisthesis with disc bulge and diffuse osteophyte ridging at L5-S1 and disc bulge at L4-5. Magnetic resonance imaging cervical spine (1-23-14) showed slight disc bulge at C6-7 without significant discogenic disease. Recent treatment consisted of cervical spine epidural steroid injections at C6-7 (2-4-15), trigger point injections, chiropractic therapy and medications. In a PR-2 dated 2-23-15, the injured worker reported that her neck pain had improved more than 60% with no more shooting pain in the right upper extremity. In an orthopedic evaluation dated 5-13-15, the injured worker complained of a two-week history of constant neck pain with radiation to the right shoulder. Physical exam was remarkable for tenderness to palpation to the thoracic spine peri-scapular muscles with trigger points in the upper rhomboids and diffuse tenderness to palpation to the left wrist and pain upon long finger extension. Current diagnoses included cervical spine sprain and strain, right shoulder strain, status post arthroscopy with decompression (2-5-02), bilateral lateral epicondylitis, bilateral carpal tunnel syndrome status post release with residual pain, lumbar spine sprain and strain and lumbar spine radicular complaints. The treatment plan included a course of chiropractic therapy and prescriptions for Tramadol, Gabapentin and Soma. On 7-28-15, a request for authorization was submitted for cervical spine epidural steroid injections at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection C6-C7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 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. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 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. The patient has the documentation of previous ESI with success but not lasting 6-8 weeks with decrease in medication usage. Therefore, the request is not medically necessary.