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| Case Number: | CM15-0161869 | | |
| Date Assigned: | 08/27/2015 | Date of Injury: | 08/22/2012 |
| Decision Date: | 09/30/2015 | UR Denial Date: | 07/21/2015 |
| 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female who sustained an industrial injury on 8-22-12. In a follow up visit note dated 6-10-15, the treating physician reports ongoing complaints of neck pain to the posterior neck radiating to the shoulders and down bilateral extremities to the fourth and fifth fingers, right worse than left. The injured worker reports decreased strength to the right arm and that she is dropping objects. She takes non-steroidal anti-inflammatories for pain management. Examination reveals strength of 4+ out of 5 to the left and 4 out of 5 to the right and pain to palpation to the posterior upper cervical spine and lateral areas of the neck and shoulder. The impression is cervical disc displacement and cervical spinal stenosis. The treatment plan is epidural midline injections at C6-C7 for diagnostic and therapeutic purposes. Work status is to return to work with permanent restrictions. An MRI of the cervical spine dated 4-6-15 reveals C6-C7 3 mm broad based disc protrusion with spinal stenosis and ligamentum flavum laxity. The requested treatment is epidural midline injections C-6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural midline injections C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural steroid injection (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127. Decision based on Non-MTUS Citation ODG, Neck Chapter, Epidural Steroid Injection.

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. ODG states that cervical epidural steroid injections are not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. They go on to state that if there is a documented exception to guidelines, they may be performed, provided they are not done at higher than C6-7 level, cervical interlaminar injections are not recommended, and particulate steroids should not be used. Diagnostic epidurals may be performed when diagnostic imaging is ambiguous. Within the documentation available for review, the requesting physician has not identified why the patient would be an exception to guideline recommendations against Cervical ESI. Additionally, there is no documentation that the procedure will be performed without particulate steroid and it appears that an interlaminar (mid-line) approach is being requested. As such, the currently requested cervical epidural steroid injection is not medically necessary.