

Case Number:	CM15-0162786		
Date Assigned:	08/31/2015	Date of Injury:	07/07/2010
Decision Date:	10/05/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/19/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 56-year-old female who sustained an industrial injury on 7-7-2010. She has reported injury to the cervical spine, lumbar spine, and upper extremities and has been diagnosed with cervical disc degeneration, cervical facet arthropathy, lumbar disc displacement, bilateral shoulder pain, and chronic pain, other. Treatment has included medications, yoga, activity modification, and physical therapy. Spasm was noted at the cervical spine. There was tenderness noted in the cervical spine C4-6. There was tenderness noted upon palpation at the left trapezius muscle and bilateral paravertebral C4-7 area. Range of motion was slightly too moderately limited. Tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels. Range of motion was moderately limited secondary to pain. There was tenderness noted on palpation at left acromioclavicular joint and right anterior shoulder. Range of motion of the right shoulder was moderately decreased with external rotation. The treatment plan included a steroid injection. The treatment request included cervical interlaminar epidural steroid injection bilateral C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical interlaminar epidural steroid injection at C5-C6, quantity: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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. MRI of the cervical spine dated 8/10/11 revealed at C5-C6 mild bilateral foraminal narrowing slightly worse on the left than the right, as well as age-related degenerative disc disease and uncovertebral joint arthrosis. Per physical exam dated 7/8/15, spinal vertebral tenderness was noted in the cervical spine C4-C6. There was tenderness noted upon palpation at the left trapezius muscle and bilateral paravertebral C4-C7 area. The range of motion of the cervical spine was slightly to moderately limited. Pain was significantly increased with flexion, extension, and rotation. Sensory examination showed decreased touch sensation in the right upper extremity, with affected dermatome C6. Above-mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary. Furthermore, the request for two injections is not appropriate.