

Case Number:	CM15-0166064		
Date Assigned:	09/03/2015	Date of Injury:	05/05/2010
Decision Date:	10/08/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/24/2015

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, Hawaii

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 59-year-old male, who sustained an industrial injury on 5-5-10. The diagnoses have included right cervical radiculopathy status post cervical fusion and foraminal stenosis right greater than the left, C3-4 and C4-5 levels. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy and other modalities. Currently, as per the physician progress note dated 6-19-15, the injured worker complains of severe right cervical radiculopathic symptoms. The diagnostic testing that was performed included computerized axial tomography (CT scan) of the cervical spine dated 5-22-15 that reveals fusion, disc degeneration, right greater than left foraminal narrowing and mild central canal narrowing. The objective findings-physical exam reveals diffuse tenderness in the posterior cervical musculature. He also has some hypesthesia in the C5 and C6 distributions of the right upper extremity. There is previous physical therapy sessions noted. Work status is temporary totally disabled. The physician requested treatment included Series of 3 epidural injections C3-4 and C4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 epidural injections C3-4 and C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation, 2015 web-based edition; http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The 7/16/15 attending physician report indicates the patient has neck pain and upper extremity symptoms and low back pain along with lower extremity symptoms. The current request is for a series of 3 epidural steroid injections, C3-4 and C4-5. The CA MTUS does recommend ESIs as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). 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 electro diagnostic 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 "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. In this case, there is no objective documentation noted which indicates the patient has cervical radiculopathy. MRI findings in the neck do not indicate cervical HNP impinging on the exiting nerve root. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic studies. Additionally the request is for a series of 3 injections which is not supported in the MTUS guidelines. The current request is not consistent with MTUS guideline criteria and as such, medical necessity has not been established. This request is not medically necessary.