

Case Number:	CM15-0166496		
Date Assigned:	09/04/2015	Date of Injury:	03/08/2013
Decision Date:	10/09/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/25/2015

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 64 year old female, who sustained an industrial injury on 3-8-2013. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical facet arthropathy and cervical disc herniations with neural foraminal narrowing. Electromyography (EMG) was negative for cervical radiculopathy and cervical magnetic resonance imaging from 4-9-2014 showed disc degeneration with foraminal encroachment. Treatment to date has included cervical epidural steroid injections, 24 visits of physical therapy and medication management. In a progress note dated 7-21-2015, the injured worker complains of neck and right upper extremity pain that rated 8 out of 10. Physical examination showed decreased cervical range of motion. The treating physician is requesting interlaminar cervical epidural steroid injection at cervical 5-6 and 6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ILESI C5-6, C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

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. Per the medical records, it is noted that the injured worker previously had 2 epidural injections for the cervical spine. The first provided no relief, but the second in 6/2014 gave her about 90% relief and continued to provide relief for about 6 months. However, there was no documentation of an associated reduction in medication use. Absent such, medical necessity cannot be affirmed. Furthermore, the requested 2 levels for interlaminar injection is in excess of the guideline recommended one level.