

Case Number:	CM15-0167755		
Date Assigned:	09/08/2015	Date of Injury:	11/29/2012
Decision Date:	10/07/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/26/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58 year old male, who sustained an industrial injury on 11-29-2012. He reported being struck by a patio umbrella resulting in neck pain associated with headaches. The diagnoses included cervical degenerative disc disease, radiculopathy, osteoarthritis of spinal facet joint and neck pain. Treatment to date has included activity modification, medication therapy, and physical therapy and acupuncture treatments. Currently, he complains of ongoing neck pain, headaches, and radiation of pain down the right upper extremity. On 6-4-15, the physical examination documented cervical tenderness and decreased range of motion and a positive Spurling's sign. The MRI of the cervical spine was documented to reveal multilevel degenerative disc disease, stenosis, and facet osteoarthritis. The plan of care included a request to authorize a cervical epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection, Qty 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Cervical ESI.

Decision rationale: This claimant was injured in 2012 with diagnoses of cervical degenerative disc disease, radiculopathy, osteoarthritis of spinal facet joint and neck pain. Treatment to date has included activity modification, medication therapy, and physical therapy and acupuncture treatments. Currently, he complains of ongoing neck pain, headaches, and radiation of pain down the right upper extremity. The MRI of the cervical spine was documented to reveal multilevel degenerative disc disease, stenosis, and facet osteoarthritis, but no overt disc herniation that correlates with objective neurologic dermatomal signs. The current California web-based MTUS collection was reviewed in addressing this request. They do not specifically isolate the neck area for these injections. The ODG and other sources simply as of late do not support cervical ESI. Per the ODG: 1. Recent evidence: ESIs should not be recommended in the cervical region, the FDA's Anesthetic and Analgesic Drug Products Advisory Committee concluded. Injecting a particulate steroid in the cervical region, especially using the transforaminal approach, increases the risk for sometimes serious and irreversible neurological adverse events, including stroke, paraplegia, spinal cord infarction, and even death. The FDA has never approved an injectable corticosteroid product administered via epidural injection, so this use, although common, is considered off-label. Injections into the cervical region, as opposed to the lumbar area, are relatively risky, and the risk for accidental injury in the arterial system is greater in this location. (FDA, 2015) 2. An AMA review suggested that ESIs are not recommended higher than the C6-7 level; no cervical interlaminar ESI should be undertaken at any segmental level without preprocedural review; & particulate steroids should not be used in therapeutic cervical transforaminal injections. (Benzon, 2015) 3. According to the American Academy of Neurology (AAN), ESIs do not improve function, lessen need for surgery, or provide long-term pain relief, and the routine use of ESIs is not recommended. They further said that there is in particular a paucity of evidence for the use of ESIs to treat radicular cervical pain. (AAN, 2015) Based on evidence-based review, the request is not medically necessary.