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| Case Number: | CM15-0169601 | | |
| Date Assigned: | 09/10/2015 | Date of Injury: | 11/20/2014 |
| Decision Date: | 10/16/2015 | UR Denial Date: | 08/17/2015 |
| Priority: | Standard | Application Received: | 08/28/2015 |

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 63 year old female with an industrial injury dated 11-20-2014. A review of the medical records indicates that the injured worker is undergoing treatment for multiple disc protrusions at C3-7, facet arthropathy at C5-7, cervical radiculitis, occipital neuralgia and post-concussion syndrome. Treatment consisted of Magnetic Resonance Imaging (MRI) of cervical spine, X-ray of cervical spine, Magnetic Resonance Imaging (MRI) of brain, CT scan of brain, physical therapy, at least 10 acupuncture therapy, home exercise program, heat and cold therapy, prescribed medications, trigger point injections and periodic follow up visits. In a progress report dated 06-23-2015, the injured worker reported ongoing difficulty with pain in her neck. The injured worker also reported creaking sensation with movement and severe headaches. The injured worker rated pain a 7 out of 10, reduced to a 2-3 out of 10 with medication. Objective findings (6-23-2015) revealed tenderness in guarding in the cervical paraspinal musculature over C5-6 and C6-7, revealed decreased cervical range of motion secondary to pain and complaints of increased pain with extension and rotation maneuvers of the neck, and positive bilateral Spurling's sign. According to the progress note dated 07-22-2015, the injured worker reported head, neck and shoulder pain. The injured worker reported that she received significant improvement following the trigger point injections from previous visit on 06-23-2015. The injured worker reported that the pain returned on the third day with an overall outcome of 5 days of reduced pain and improved function. The injured worker rated pain a 7 out of 10 and a 3-4 out of 10 with medication. Objective findings (07-22-2015) revealed decreased cervical range of motion secondary to pain, complaints of increased pain with extension and rotation maneuvers of

the neck, and positive bilateral Spurling's sign. Magnetic Resonance Imaging (MRI) of the cervical spine dated 01-12-2015 revealed multilevel degenerative disc disease and diffuse disc bulge at C3-C7. X-ray of the cervical spine dated 11-24-2014 revealed multilevel spurs and narrowing at C4-7. The treating physician prescribed services for one cervical epidural injection at C6-7, now under review. Utilization Review determination on 08-17-2015, denied the request for one cervical epidural injection at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection at C6-7 # 1: 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: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: 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 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. The provided clinical documentation for review does not show dermatomal radiculopathy on exam that is corroborated by imaging or EMG studies that are included for review in the provided clinical documentation. Therefore the request does not meet all criteria as outlined above and is not medically necessary.