

Case Number:	CM15-0181924		
Date Assigned:	09/23/2015	Date of Injury:	12/07/2012
Decision Date:	10/27/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 54-year-old male who sustained an industrial injury December 7, 2012. Past history included chronic pain syndrome, cervical fusion July 22, 2014, and rotator cuff repair. Diagnoses are cervical post laminectomy syndrome; cervical radiculopathy. On June 9, 2015, the injured worker underwent a left C6-C7 transforaminal epidural injection. Acupuncture notes dated August 7, 2015, revealed; able to tolerate sitting for 60 minutes and able to lift 4-5 pound weight over head. According to a pain physician's consultation dated August 18, 2015, the injured worker presented with complaints of neck and left upper extremity pain. He also is having difficulty with restorative sleep, which is affecting his mood. He reported a 60% relief of pain with June's epidural steroid injection. Current medication included Naproxen, Baclofen, Protonix, Valium, and Norco. Objective findings included; gait and station appear normal, able to heel toe walk; soft tissue dysfunction and spasm in the cervical paraspinal, suprascapular and rhomboid region; evidence of cervical dystonia; head tilt with asymmetry from the midline, this is paired with painful contractions causing pain in the neck and thoracic spine; lateral rotation and extension of the spine produces concordant pain in the affected area. Treatment plan included; continue acupuncture at another facility, medication, and cervical trigger point injections administered in the occipital myofascial junction, cervical paraspinals, suprascapular muscle and the rhomboids. At issue, is the request for authorization for a left cervical C6-C7 epidural steroid injection. According to utilization, review dated August 31, 2015, the request for Left C6-C7 Epidural Steroid Injection Quantity: 1 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical, C6-C7, Epidural Steroid Injection, Qty 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injections (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, left cervical C6 - C7 epidural steroid injection #1 is not medically necessary. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. Cervical ESI may be supported with the following criteria. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electro diagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are post laminectomy syndrome cervical region; other pain disorder related to psychological factors; chronic pain syndrome; nerve root and plexus disorder NOS; cervical spondylosis without myelopathy; myalgia and myositis NOS. Date of injury is December 7, 2012. Request for authorization is dated August 24, 2015. According to an August 18, 2015 progress note, the injured worker's status post transforaminal epidural steroid injection at C6 - C7 performed June 9, 2015. The injured worker is status post cervical laminectomy/fusion. The injured worker admits to a 60% pain relief with the epidural steroid injection. Subjectively, the injured worker has ongoing neck pain and upper extremity pain. There are no specifics documented regarding subjective complaints. Objectively, there is no objective neurologic evidence of radiculopathy on physical examination. The documentation indicates the injured worker has dysesthesia sensations throughout the affected area. This is not an objective physical finding. Dysesthesias are subjective. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and no documentation indicating objective evidence of radiculopathy on neurologic evaluation, left cervical C6 - C7 epidural steroid injection #1 is not medically necessary.