

Case Number:	CM15-0183135		
Date Assigned:	09/24/2015	Date of Injury:	01/19/1995
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/17/2015

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 51 year old female, who sustained an industrial injury on 1-19-05. The injured worker was diagnosed as having cervico-thoracic fusion C4-T1 (1-2011); neck pain with possible right radiculopathy; cervical disc disease C3-4 with moderate stenosis; T1-2 disc herniation right foraminal stenosis. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI cervical, thoracic and lumbar spine (4-1-15). Currently, the PR-2 notes dated 8-18-15 indicated the injured worker complains presented for a neurosurgical consultation. The provider notes, "She was last seen in our office in July of 2012 at which time she was one and a half years status post cervico-thoracic fusion C4-T1. She has a history of a work related injury to her cervical and lumbar spine on 1-19-95." The injured worker reports complaints of neck pain described as "aching" with decreased range of motion despite several rounds of physical therapy. She also reports radiating pain into the right interscapular region, right arm and upper mid back. Her primary complaint is noted as a constant "burning" in the right interscapular region and shoulder. She reports numbness in the right arm and hand with weakness in the right hand. She denies symptoms of impaired manual dexterity, however, admits to guarding all her activities. She denies left arm symptoms. She reports she was seen by orthopedic specialist who provided a cortisone injection, which resulted in minimal relief (no date). Additionally, she reports recurrent low back pain after having been bed-ridden for 8 months due to a severe bout of "IBS". Her pain has improved now that she's been able to increase her activity level. She reports complaints of aching pain with prolonged sitting and radiating pain in the left lower extremity. She reports being seen at a hospital April 2015 for an

evaluation of her cervical and lumbar spine due to an acute exacerbation. The provider notes "Imaging studies were obtained, the results of which she does not recall. She was given pain medications and discharged home." The provider notes her surgical history as: Cervical Fusion (8-2007); Lumbar Fusion (7-2008); Carpal Tunnel Release right (7-2010) and Cervical Fusion (1-2011). The provider documents her current pain rated at "8 out of 10". He also documents a physical examination. Diagnostic studies note a MRI of the cervical spine dated 4-1-15) impression: "Negative evidence of cervical spine acute fracture or dislocation. Post-operative change status post multilevel cervical fusion with mature interbody fusion C4-C7 and good position of anterior and posterior instrumentation. Degenerative C3-4 retrolisthesis, loss of disc height and moderate stenosis." A MRI of the thoracic spine is documented dated 4-1-15: "Negative evidence of cervical spine acute fracture or dislocation. T2-3 disc disease with posterior right lateral moderate focal bulge-protrusion, indenting the thecal sac and slightly flattening the ventral surface of the right hemicord. T9-10 right facet joint ossific-calcific epidural solid mass which indents the thecal sac abutting the posterior right lateral surface of the spinal cord. This is likely facet arthrosis verses meningioma." A MRI of the lumbar spine dated 4-1-15 is documented as: "Negative evidence of cervical spine acute fracture or dislocation. Post-operative change with mature interbody fusion of L4-5 and L5-S1 and good position of posterior instrumentation. L1-2 mild chronic degenerative disc disease and spondylosis. No significant central stenosis appreciated." The provider's treatment plan includes a recommendation for cervical epidural steroid injection series at C3-4 for an attempt at symptomatic relief. A PR-2 dated 4-13-15 indicated the injured worker was having cervical, lumbar spine symptoms with upper extremity symptoms. The provider documented she was having the "re-emergence of cervical pain with radiation and she will need to go to her prior surgeon for evaluation to see if additional intervention is needed." A Request for Authorization is dated 9-14-15. A Utilization Review letter is dated 9-1-15 and non-certification was for an Epidural Steroid Injection at C3-4 series 3. Utilization Review letter states "In this case, the claimant's symptoms corroborate with imaging findings. The provider states that the claimant has cervical spine pain with decreased range of motion despite several attempts at physical therapy. However, there is minimal evidence that indicates whether physical therapy was attempted after the most recent exacerbation in symptoms. Therefore, without sufficient documentation regarding the recent attempts at conservative care, the medical necessity of this request is not established." Utilization Review referenced the CA MTUS Guidelines. A request for authorization has been received for an Epidural Steroid Injection at C3-4 series 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at C3-4 series 3: 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 citation above, the guidelines do not support a "series-of-three" injections. As such, the request is not medically necessary.