

Case Number:	CM15-0183277		
Date Assigned:	09/24/2015	Date of Injury:	06/08/2010
Decision Date:	11/06/2015	UR Denial Date:	08/17/2015
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 60 year old female with an industrial injury date of 06-08-2010. Review of medical records indicate she is being treated for degenerative disc disease - cervical, radiculopathy cervical, degenerative disc disease lumbar spine, rule out ulnar neuritis, carpal tunnel syndrome and opioid dependency. Subjective symptoms (07-09-2015) included Endocet tablets did not help her pain. "She has been using some Dilaudid which she had left over from a previous surgery." "She reports that she takes 6 mg one to two times a week for severe pain." "She has not yet received the trigger point injections or the epidural steroid injections." Her pain is documented as 4 out of 10 at its best, 8 out of 10 at its worst and 6 out of 10 on average. In the 07-31-2015 treatment note the treating physician documented: "She continues to have a lot of ankle pain." "Pain level is a level VII." "She still has problems with the left hand and if she tries to grab objects, she has a shooting feeling going into her left index and middle finger with retrograde radiation of the forearm." Objective findings (07-09-2015) included trigger points in the right lower lumbar paraspinal and gluteal muscles. Also documented were bilateral greater trochanteric bursal irritation and sciatic notch and sacroiliac joint tenderness bilaterally, worse on the right. Objective findings in the 07-31-2015 note are documented as: "Cervical extension is about 20 degree, chin to chest lacks 3.5 finger breaths, rotation to the right is 66 degree and rotation to the left is about 60 degree." Prior treatment included "injection for the cervical spine", pain management, anti-inflammatory medication and pain medication. She stated "the injection helped for a few months." Work status on 07-31-2015 is documented as: "As the patient was not allowed to return to work with restriction, she will be considered "temporary totally

disabled." The following diagnostics tests are documented by the provider in the 07-31-2015 note: 09-23-10 MRI of the cervical spine (1) degenerative changes and spondylosis at the cervical 6-7 disc level with mild to moderate spinal canal stenosis, mild flattening of the cord and minimal increased signal change (2) Prior fusion of the cervical 5 and cervical 6 vertebral bodies and (milder spondylosis at other levels of the cervical spine. 01-04-2013 Electromyography and nerve conduction tests: (1) Negative for radiculopathy (2) Negative for carpal tunnel syndrome. The treatment request is for cervical epidural steroid injection (unspecified level & laterality.) On 08-07-2015 the request for cervical epidural steroid injection (unspecified level & laterality) was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection (unspecified level & laterality): Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and 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 QME dated 6/8/10, motor strength was 5+/5 for shoulder abduction, wrist flexion and extension, intrinsic muscles of the hand, and finger flexion bilaterally. Sensory examination was intact to the upper extremities bilaterally to light touch. Reflexes were 2+ for biceps, triceps, and brachioradialist bilaterally. MRI of the cervical spine dated 9/15/10 revealed degenerative changes and spondylosis at C6-C7 with mild-to-moderate spinal stenosis, mild cord flattening, and minimally increased signal change as well as prior fusion at C5-C6 and mild spondylosis at other levels. The documentation submitted for review does not contain physical exam findings of radiculopathy. Above mentioned citation conveys radiculopathy must be

documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary. Furthermore, the request does not specify the operative level.