

Case Number:	CM15-0184380		
Date Assigned:	09/24/2015	Date of Injury:	02/11/2012
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/18/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old male, who sustained an industrial injury on 2-11-2012. The medical records indicate that the injured worker is undergoing treatment for C3-T1 severe disc degeneration, stenosis, and spondylosis. According to the progress report dated 9-1-2015, the injured worker presented with complaints of neck pain with radiation down the bilateral shoulders, arms, and hands. The pain is associated with headaches. On a subjective pain scale, he rates his pain 6 out of 10 with medications and 8 out of 10 without. The physical examination of the cervical spine reveals paresthesia to touch over the left C6-and C7 dermatome distributions. No other significant findings were noted. The current medications are not specified. Treatments to date include cervical epidural steroid injection (50% improvement for approximately 6 months). Work status is described as temporarily totally disabled. The original utilization review (9-9-2015) had non-certified a request for repeat cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat cervical epidural steroid injection: 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 and Upper back chapter under Epidural steroid injections.

Decision rationale: Based on the 8/11/15 progress report provided by the treating physician, this patient presents with neck pain with associated headaches that radiate down bilateral shoulders and down arms/hands bilaterally, and low back pain rated 6/10 on VAS scale with medications and 8/10 without medications. The treater has asked for repeat cervical epidural steroid injection on 8/11/15. The request for authorization was not included in provided reports. The patient is s/p cervical epidural steroid injection approximately one year ago which gave 50% improvement for 6 months, with evidence of moderate stenosis on MRI imaging per 8/11/15 report. The patient walks with antalgic gait pattern per 6/30/15 report. The patient's work status is temporarily totally disabled until 9/22/15 per 8/11/15 report. MTUS, ESI under Epidural Steroid Injections (ESIs) section, page 46 and 47 states, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG-TWC, Neck and Upper back chapter under Epidural steroid injections (ESIs) states: Not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. These had been recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), with specific criteria for use below. In a previous Cochrane review, there was only one study that reported improvement in pain and function at four weeks and also one year in individuals with radiating chronic neck pain. In this case, the treater is requesting a repeat cervical epidural steroid injection at an unspecified level. Utilization review letter dated 8/20/15 denies request due to lack of specificity of the request, as the level of the injection was not indicated. The treater states that the patient continues to have radicular neck pain in spite of conservative care. For repeat epidural steroid injections, MTUS states that there must be documentation of improvement in pain and function, including 50% pain relief with associated reduction of medication use for 6-8 weeks, which this patient does not show. Furthermore, the level of the requested cervical epidural steroid injection was not specified in the request. ODG does not recommend cervical ESI due to the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. Hence, the request IS NOT medically necessary.