

Case Number:	CM15-0187387		
Date Assigned:	09/29/2015	Date of Injury:	01/10/2008
Decision Date:	11/13/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/23/2015

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 65 year old male who sustained an industrial injury January 10, 2008. Past history included chronic pain syndrome, diabetes mellitus, hepatitis C with varicosities and cirrhosis, currently stable; hypertension; bronchial asthma; coronary artery disease, status post coronary artery stent placement 2008 (unspecified). On August 19, 2015, the injured worker underwent four intraoperative fluoroscopic views of the lumbar caudate nucleus in conjunction with multilevel pain injections, right L4-5. Diagnoses are recurrent right L4-5 radiculopathy secondary to a 6mm disk herniation right L4-5 (per MRI 06-05-2013); cervical radiculopathy secondary to multilevel cervical disc disease primarily C6-7 confirmed on MRI study 06-05-2013, showing cervical disc disease at C2-3, C3-4 and C6-7; cervicogenic cephalgia. According to a treating physicians' follow-up consultation report dated August 19, 2015, the injured worker presented for recurrent low back and right leg pain with recurrent numbness and weakness, recurrent neck and left upper extremity pain, rated 6-8 out of 10, with numbness over the outer aspect of the left arm all the way down to the forearm and left hand and weakness, and recurrent headaches and insomnia. Assessment is documented as the injured worker had a 50% reduction in pain, improvement of function, and reduction in opioid analgesics following epidural steroid injections 02-12-2014 and 05-20-2014. Previous cervical epidural injection C6-7 provided greater than 50% reduction in pain with improved function and decrease in opioid analgesics. Physical examination revealed; cervical spine-range of motion reduced with left sided tenderness, mild on the right; lumbar spine-tenderness over the right lumbar paravertebral muscle group, straight leg raise positive on the right at 45 degrees and negative on the left at 90

degrees; sensory deficits 4 out of 5 on the left C5, C6 and C7 dermatomes and the left L4, L5 and S1 dermatomes. At issue, is the request for authorization for a cervical epidural, right C6-C7. According to utilization review dated August 28, 2015, the request for cervical epidural injection right C6-7 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural right C6-C7: Overturned

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. MRI of the cervical spine dated 6/5/13 revealed at C6- C7 minimal central canal stenosis secondary to a 3mm broad-based disc protrusion. There was moderate intervertebral disc desiccation with mild disc height loss. Per progress report dated 8/19/15, there were sensory deficits on the left C5, C6, and C7 dermatomes. Left grip strength was 4/5, left biceps and triceps strength was 4/5. Deep tendon reflexes in the biceps, triceps, and brachioradialis was 1+. I respectfully disagree with the UR physician's denial based upon documentation of left sided radiculopathy. While laterality is occasionally expressed in relation to interlaminar cervical ESIs, it is essentially a procedure without formal laterality, which is in contrast to TFESIs. These are no longer consistent with standard of care in the cervical spine, so interlaminar is what's indicated based upon. The request is medically necessary.