

Case Number:	CM15-0187796		
Date Assigned:	09/29/2015	Date of Injury:	02/12/2010
Decision Date:	11/13/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/24/2015

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 70 year old male, who sustained an industrial injury on 2-12-10. The documentation on 7-27-15 noted that the injured worker was last seen on 6-29-15 and since his last visit he had not been able to get his oxycodone and his pain level has increased. The injured worker has complaints of upper neck and between his shoulder blades; spasms between his shoulder blades and daily headaches. The injured worker states when he has the pain medication it helps his pain level about 75 percent and he is able perform his normal daily activities. The documentation on 8-25-15 noted that the injured worker was last seen on July 27, 2015 and is having increased pain since last visit with his activity level decreased. On palpation of paravertebral muscles, tenderness is noted on both the sides. The documentation noted that flexion, extension, rotation to the left and rotation to the right has pain with range of motion. Spurling's maneuver causes pain radiating to the upper extremity. The diagnoses have included cervical spondylosis without myelopathy and depressive disorder not elsewhere classified. Treatment to date has included left shoulder rotator cuff repair and removal of biceps muscle on 10-16-13; cervical fusion C4-C7 on 2-1-12; cervical medial branch block C2, C3 and C4 on 9-18-12; cervical facet bilateral C3-4 on 11-20-12; cervical rhizo C2, C3 and C4 right on 9-2-14, 2-12-13 and the left on 8-19-14 and 2-26-13. The injured workers medications is oxycodone for pain; zanaflex for spasms; lyrica; effexor; topical cream; fiorocet; prazocin; trazodone; lorazepam; simvastatin; advil with no relief and tylenol with no relief. The original utilization review (9-14-15) non-certified the request for right cervical epidural injection at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical epidural injection at C7-T1: 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 4/12/15 revealed at C7-T1 a large disc osteophyte complex impinging on the ventral aspect of the cord with bilateral neural foramina narrowing. Per progress report dated 8/6/15, decreased sensation was noted over the bilateral C5 dermatome distributions. Strength was 4/5 with bilateral elbow flexion and wrist extension, 5/5 in all other muscle groups. Reflexes were absent bilaterally at the biceps, 1+ at the triceps bilaterally, absent at the right brachioradialis and 2+ at the left brachioradialis. I respectfully disagree with the UR physician's denial based upon a lack of evidence demonstrating radiculopathy. The clinical findings demonstrate radiculopathy and the MRI corroborates the findings. The request is medically necessary.