

Case Number:	CM15-0188575		
Date Assigned:	09/30/2015	Date of Injury:	10/17/2014
Decision Date:	11/16/2015	UR Denial Date:	09/09/2015
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:

This is a 38-year-old male with a date of industrial injury 10-17-2014. The medical records indicated the injured worker (IW) was treated for left C6-C7 disc protrusion with annular tear and likely upper extremity radiculitis; left cervical facet syndrome with cervical and thoracic myofascial pain; and bilateral upper extremity neuropathic pain. In the progress notes (7-23-15 and 8-28-15), the IW reported pain in the neck, rated 8 to 9 out of 10, radiating to the bilateral upper extremities with "electrical shocks" in an approximate C6-C7 distribution. No electrodiagnostic testing had been done. Medications included Cyclobenzaprine, Naproxen, Neurontin (effective), topical Menthoderm (effective) and pantoprazole. He could tolerate three hours of sitting, 10 minutes standing and 20 minutes walking. He was unable to work. Objective findings (8-28-15 notes) included cervical flexion to 20 degrees and extension to 10 degrees. Spurling's was positive bilaterally. Strength was 5 out of 5 in all muscle groups tested. Upper extremity reflexes were 2+ bilaterally. Sensation was decreased in the left biceps and forearm, in an approximate C6-C7 distribution. Hoffmann's was negative bilaterally. Treatments included acupuncture, which was ineffective; physical therapy; and home exercise. A cervical spine MRI dated 12-3-14 showed mild left paracentral protrusion at C6-C7 with probable annular tear or fissure without significant central canal or neural foraminal stenosis and mild straightening of the cervical lordosis. A Request for Authorization was received for cervical epidural steroid injection C6-C7. The Utilization Review on 9-9-15 non-certified the request for cervical epidural steroid injection C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C6-C7: 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 note dated 10/1/15, it was noted that the injured worker had decreased sensation in the left C6-C7 distribution. He had full strength in the upper extremities. Per progress report dated 6/24/15, reflexes were 2+ at the biceps and brachioradialis. MRI of the cervical spine dated 12/3/14 revealed at C6-C7 a mild broad-based left paracentral protrusion with probable annular fissure/tear without central canal or neural foraminal stenosis. 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.