

Case Number:	CM15-0189087		
Date Assigned:	10/01/2015	Date of Injury:	02/26/2014
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/25/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59 year old male, who sustained an industrial injury on 2-28-2014. The injured worker is being treated for sprain of neck, sprain of shoulder, biceps tendon rupture right, internal derangement knee, cervical spondylosis with myelopathy, and superior glenoid labrum LES. Treatment to date has included diagnostics, medications, physical therapy and modified work. Per the Primary Treating Physician's Progress Report dated 5-05-2015 the injured worker reported significant right shoulder range of motion limitations as well as cervical pain, decreased grip and biceps tendon rupture. Objective findings included abduction of shoulder 100-180 degrees, biceps bunching secondary to tendon rupture. Work status was light duty. Cervical MRI on 7-28-15 did document a disc-osteophyte complex at C3-4 with canal stenosis and bilateral neuroforaminal narrowing. Authorization was requested on 8-20-2015 for cervical transforaminal epidural steroid injection (TSEFI) right C3-4. On 8-28-2015, Utilization Review non-certified the request for right cervical TSEFI C3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical TFESI right C3-C4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Epidural steroid injections.

Decision rationale: The MTUS states, in the ACOEM guidelines, those cervical epidural steroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compression. The ODG guidelines further state that epidural steroid injections are recommended as an option to treat radicular pain. No more than 1 interlaminar level should be injected at 1 session. The radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. Recent evidence shows that ESIs should not be recommended in the cervical region, the FDA's Anesthetic and Analgesic Drug Products Advisory Committee concluded. Injecting a particulate steroid in the cervical region, especially using the transforaminal approach, increases the risk for sometimes serious and irreversible neurological adverse events, including stroke, paraplegia, spinal cord infarction, and even death. The FDA has never approved an injectable corticosteroid product administered via epidural injection, so this use, although common, is considered off-label. Injections into the cervical region, as opposed to the lumbar area, are relatively risky, and the risk for accidental injury in the arterial system is greater in this location. (FDA, 2015) An AMA review suggested that ESIs are not recommended higher than the C6-7 level; no cervical interlaminar ESI should be undertaken at any segmental level without preprocedural review; & particulate steroids should not be used in therapeutic cervical transforaminal injections. (Benzon, 2015) According to the American Academy of Neurology (AAN), ESIs do not improve function, lessen need for surgery, or provide long-term pain relief, and the routine use of ESIs is not recommended. They further said that there is in particular a paucity of evidence for the use of ESIs to treat radicular cervical pain. (AAN, 2015) In this comparative-effectiveness study, no significant differences were found between ESI and conservative treatments. (Cohen, 2014) In this case we see MRI documentation of degenerative disc disease at C3-4 with a disc-osteophyte complex causing bilateral neuroforaminal narrowing. The recent recommendations do not support injections above the C6-7 level and note that transforaminal cervical injections are subject to significant risk for serious side effects. It is not clear that the injured worker would otherwise undergo open surgical procedures for nerve root compression. The request for Cervical TFESI right C3-C4 is not consistent with current recommendations and is not medically necessary.