

Case Number:	CM15-0189617		
Date Assigned:	10/01/2015	Date of Injury:	01/23/2012
Decision Date:	11/16/2015	UR Denial Date:	09/09/2015
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: 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 44-year-old male, with a reported date of injury of 01-23-2012. The diagnoses include cervical disc displacement without myelopathy and cervical neural foraminal stenosis with left C6 nerve root impingement. Treatments and evaluation to date have included Oxycodone. The diagnostic studies to date have included a urine drug screen on 05-13-2013 with inconsistent findings for hydrocodone; a urine drug screen on 07-26-2013 with inconsistent findings for hydrocodone; a urine drug screen on 08-23-2013 with inconsistent findings for hydrocodone. The initial office visit report dated 08-07-2015 indicates that the injured worker complained of pain in his neck with radiation to the left shoulder; low back pain with radiation to the left lower extremity; and depression and anxiety. The injured worker denied any numbness and tingling. The physical examination showed normal range of motion (flexion) of the cervical spine; cervical extension limited by 25%; cervical lateral tilt to the left was limited by 35%; cervical lateral tilt to the right was limited by 25%; positive Spurling on the left; and normal rotation of the cervical spine. The treating physician stated that the CURES report was "consistent" with what the injured worker was reporting. There was documentation that an MRI of the cervical spine on 10-14-2014 showed anterolisthesis and central disc protrusion with no spinal stenosis or neural foraminal stenosis at C2-3, dorsal disc protrusion mildly contacting the ventral aspect of the cord and mild right foraminal stenosis at C4-5, retrolisthesis with moderate left neural foraminal stenosis and possible impingement of the left C6 nerve root, nerve root compression secondary to ligamentum flavum hypertrophy and compression enlarged venous collateral at C6, disc protrusion at C6-7, anterolisthesis of the C7 on T1 and bilateral C7-T1

facet degenerative changes, and C8 nerve root compression within the inferior aspect of the neural foramen by an engorged epidural vessel. It was noted that the injured worker had failed conservative measures, and the treating physician believed that a cervical steroid injection was justified. The injured worker is on total temporary disability. The request for authorization was dated 08-17-2015. The treating physician requested one cervical epidural steroid injection, each additional level, cervical epidurogram, insertion of cervical catheter, fluoroscopic guidance, and IV sedation. On 09-09-2015, Utilization Review (UR) non-certified the request for one cervical epidural steroid injection, each additional level, cervical epidurogram, insertion of cervical catheter, fluoroscopic guidance, and IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection x1, each additional level, cervical epidurogram, insertion of cervical catheter, fluoroscopic guidance, IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Epidural steroid injection.

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 10/14/14 revealed anterolisthesis and central disc protrusion with no spinal stenosis or neural foraminal stenosis at C2-3, dorsal disc protrusion mildly contacting the ventral aspect of the cord and mild right foraminal stenosis at C4-5, retrolisthesis with moderate left neural foraminal stenosis and possible impingement of the left C6 nerve root, nerve root compression secondary to ligamentum flavum hypertrophy and compression enlarged venous collateral at C6, disc protrusion at C6-7, anterolisthesis of the

C7 on T1 and bilateral C7-T1 facet degenerative changes, and C8 nerve root compression within the inferior aspect of the neural foramen by an engorged epidural vessel. The documentation submitted for review does not contain physical exam findings of radiculopathy. 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 are not met, the request is not medically necessary. Furthermore, the requested operative level was not specified.