

Case Number:	CM15-0189655		
Date Assigned:	10/02/2015	Date of Injury:	12/12/1993
Decision Date:	11/16/2015	UR Denial Date:	08/27/2015
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on 12-12-1993. The injured worker is being treated for lumbar degenerative disc disease, lumbar radiculopathy and sacroiliac pain. Treatment to date has included diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 8-19-2015 the injured worker lower backache. He rated his pain without medications as 8 out of 10 and denies any other symptoms than pain. Objective findings of the lumbar spine included scoliosis. Range of motion was restricted with flexion limited to 90 degrees and extension limited to 15 degrees with normal right and left lateral bending. There was tenderness to palpation of the paravertebral muscles on both sides. Work status was permanent and stationary. The plan of care included medication management and bracing. Authorization was requested for a cervical epidural steroid injection (CESI) at C6-7 and C7-T1. On 8-27-2015, Utilization Review non-certified the request for CESI at C6-7 and C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Cervical Epidural Steroid Injections at C6-7 and C7-T1 Level: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back chapter under Epidural steroid injections.

Decision rationale: The 57 year old patient complains of low back pain, rated at 8/10 without medications, as per progress report dated 08/19/15. The request is for outpatient cervical epidural steroid injections at C6-7 and C7-T1 level. There is no RFA for this case, and the patient's date of injury is 12/12/93. Diagnoses, as per progress report dated 08/19/15, included lumbar degenerative disc disease, lumbar radiculopathy, and sacroiliac pain. Medications included Sonata, Nucynta and Kadian. The patient is working full time, as per the same progress report. The MTUS Chronic Pain Guidelines 2009, under Epidural Steroid Injections (ESIs) section page 46 and 47, states: "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, Neck and Upper back chapter under Epidural steroid injections (ESIs) state: Not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. These had been recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), with specific criteria for use below. In a previous Cochrane review, there was only one study that reported improvement in pain and function at four weeks and also one year in individuals with radiating chronic neck pain. In this case, none of the progress reports available for review discuss the request for cervical ESI. In fact, the progress reports only mention the patient's lower back pain. There is no indication of a cervical injury or pain. The progress reports fail to document a clear diagnosis of cervical radiculopathy for which an ESI may be considered. There are no radicular symptoms, exam findings and no MRI findings showing a potential nerve root lesion. Hence, the request IS NOT medically necessary.