

Case Number:	CM15-0189716		
Date Assigned:	10/01/2015	Date of Injury:	09/12/2001
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 66 year old female, who sustained an industrial injury on 9-12-2001. The injured worker is undergoing treatment for: neck pain with radiation to the left shoulder, cervical degenerative disc disease, herniation and bulges and radiculopathy. On 3-4-15, she reported neck pain with radiation to the left shoulder. She also reported headaches, dizziness, loss of memory, and difficulty concentrating, and had pain and stiffness to the low back and upper and lower extremity. She indicated that she had difficulty with activities of daily living. She rated her pain 8 out of 10. There is a notation of "no significant changes since the last visit". Objective findings revealed tenderness and decreased range of motion to the cervical spine, positive compression test, and positive straight leg raises bilaterally. The treatment and diagnostic testing to date has included: cervical epidural injection (5-16-14) is reported as having reduced her pain by 60-70 percent and helped her for a year, and cervical epidural (5-15-15) at C2-C3, C3-C4, C4-C5, C5-C6. Medications have included: Percocet, Soma, Valium, Gabapentin, and multiple transdermal creams. Current work status: unclear. The request for authorization is for: cervical epidural injections at left C2-C3, C3-C4, C4-C5, and C5-C6. The UR dated 8-27-2015: non-certified the request for cervical epidural injections at left C2-C3, C3-C4, C4-C5, and C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injections at left C2-3, C3-4, C4-5, C5-6: 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: The patient presents with neck pain that radiates into her LEFT shoulder. The request is for CERVICAL EPIDURAL INJECTIONS AT LEFT C2-3, C3-4, C4-5, C5-6. The request for authorization is not provided. The patient is status post cervical epidural injection, 05/15/15. Physical examination of the cervical spine reveals pain and tenderness with palpation. Restricted painful range of motion. Positive compression test. Cervical epidural injection on 05/16/14, reduced her pain by 60-70%. Patient states that only the epidural helps with her pain management; it helped her get through the year. Patient's medications include Percocet, Soma, Valium, Gabapentin, and Compound Creams. The patient's work status is not provided. MTUS has the following regarding ESI's, under its Chronic pain Section, Page 46, 47: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 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." 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. Treater does not discuss the request. MTUS requires documentation of radiculopathy by physical examination and corroborated by imaging studies. Patient continues with neck pain radiating into his LEFT shoulder. Physical examination of the cervical spine reveals pain and tenderness with palpation. Restricted painful range of motion. Positive compression test. However, no imaging studies is provided for review. In this case, patient's radicular symptoms are supported by physical examination findings, but are not corroborated by MRI findings to warrant a Cervical Epidural Injection. Additionally, the patient had a prior Injection on 05/15/15, but treater provides no discussion or documentation regarding efficacy from this injection. In the therapeutic phase, MTUS requires at least 50% pain relief with associated reduction of medication use for six to eight weeks. And finally, the request is for 4 levels, but MTUS recommends no more than 2 ESI injections. Therefore, the request IS NOT medically necessary.