

Case Number:	CM15-0189858		
Date Assigned:	10/02/2015	Date of Injury:	09/11/2014
Decision Date:	11/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/28/2015

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:

This injured worker is a 56 year old female, who sustained an industrial injury on 09-11-2014. The injured worker was diagnosed as having cervical spine sprain-strain with underlying degenerative disc disease-spondylosis and cervical spine disc bulge at C3-C4, C4-C5, C5-C6 and C6-C7. On medical records dated 08-11-2015 and 07-29-2015, the subjective complaints were noted as neck pain, headaches and limited mobility of her neck and numbness and tingling to the left hand and fingers. Pain was noted as 5 out of 10 most of the time and 7-8 out of 10 at its worst. Objective findings were noted as cervical spine revealed tenderness to palpation over the midline cervical spine, bilateral paraspinal, bilateral upper trapezius and bilateral rhomboids. Sensory examination revealed decreased sensation to light touch over the left hand and fingers. Treatments to date included medications. The injured worker was noted to be return to work on modified duty on 08-11-2015, pain management specialist and medication. Current medications were listed as Norco, Diovan, Lisinopril, Glyburide, Simvastatin, Sertraline, Novalog insulin and Aspirin. The Utilization Review (UR) was dated 08-26-2015. A request for cervical epidural steroid injections C5-C6 and C6-C7 under fluoroscopic guidance and anesthesia (for cervical epidural steroid injection) was submitted. The UR submitted for this medical review indicated that the request for cervical epidural steroid injections C5-C6 and C6-C7 under fluoroscopic guidance and anesthesia (for cervical epidural steroid injection) was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injections, C5-C6 and C6-C7, under fluoroscopic guidance:

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: Pain - Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents on 08/11/15 with headaches, neck pain with associated numbness and tingling in the left hand, left shoulder pain, and lower back pain. The patient's date of injury is 09/11/14. The request is for cervical epidural steroid injections, C5-C6 and C6-C7, under fluoroscopic guidance. The RFA was not provided. Physical examination dated 08/11/15 reveals tenderness to palpation of the cervical spine, bilateral cervical paraspinal musculature, bilateral trapezius, and bilateral rhomboids, with reduced sensation to light touch noted over the left hand and fingers. The patient's current medication regimen is not provided. Patient is currently not working, though is advised to return to modified duties ASAP. MTUS Guidelines, Epidural Steroid Injections section, page 46: "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. MTUS Guidelines, Epidural Steroid Injections section, page 46 clearly states: "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." In regard to the request for a cervical ESI at C6-7 and C5-6 levels, such injections are not supported per MTUS guidelines. There is no evidence in the records provided that this patient has had any cervical ESI's to date. Progress note dated 08/11/15 includes subjective complaints of radicular pain, as well as examination findings demonstrative of neurological compromise in the left upper extremity - though not in a specific dermatomal distribution. Per progress note 08/11/15, a diagnostic MRI dated 12/15/14 reveals "disc bulges... 2-3mm at C5-6 and C6-7" though the degree of foraminal stenosis is not clear. While this patient presents with chronic cervical pain and associated neurological compromise in the upper extremities, MTUS guidelines clearly state that there is insufficient evidence at this time to support the use of epidural steroid injections for radicular cervical pain. Without such support from guidelines, the request cannot be substantiated. The request is not medically necessary.

Anesthesia (for Cervical epidural steroid injection): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Epidural steroid injections.

Decision rationale: The patient presents on 08/11/15 with headaches, neck pain with associated numbness and tingling in the left hand, left shoulder pain, and lower back pain. The patient's date of injury is 09/11/14. The request is for anesthesia (for cervical epidural steroid injection). The RFA was not provided. Physical examination dated 08/11/15 reveals tenderness to palpation of the cervical spine, bilateral cervical paraspinal musculature, bilateral trapezius, and bilateral rhomboids, with reduced sensation to light touch noted over the left hand and fingers. The patient's current medication regimen is not provided. Patient is currently not working, though is advised to return to modified duties ASAP. ODG Guidelines, Pain (Chronic) Chapter, under Epidural steroid injections (ESIs) Section states: As far as monitored anesthesia care (MAC) administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of post-op care. Supervision services provided by the operating physician are considered part of the surgical service provided. In regard to the request for anesthesia services to be provided during this patient's anticipated cervical ESI, the associated procedure is not supported by guidelines therefore anesthesia is unnecessary. While this patient presents with significant chronic neck pain with evidence of neurological compromise in the left upper extremity, MTUS guidelines do not support cervical ESI as an appropriate treatment option owing to insufficient evidence of efficacy. As the ESI at C5-6 and C6-7 is not supported by guidelines, the associated anesthesia is not required. Therefore, the request is not medically necessary.