

Case Number:	CM15-0190388		
Date Assigned:	10/05/2015	Date of Injury:	07/09/2012
Decision Date:	11/10/2015	UR Denial Date:	09/15/2015
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: Washington, California

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 28 year old female who sustained an industrial injury on 7-9-2012. She reported injuries to the neck and right shoulder as a result of lifting an individual. Diagnoses include cervical sprain, right C2-3 foraminal stenosis which was aggravated by industrial injury, right shoulder sprain, depression, insomnia, carpal tunnel syndrome on the right, and lumbar sprain-strain. Treatments to date include diagnostic right C2-3 selective nerve block (3-25-2015 - gave 4 days of pain relief), activity modification, medication therapy, physical therapy, and a cervical epidural steroid injection at C6-C7 (with little improvement noted). Cervical MRI 1-2015 showed mild to moderate right foraminal stenosis at C5-6 and mild cervical spondylosis. Upper extremity electromyography (EMG/NCV) on 4-27-2015 was consistent with moderate to severe right carpal tunnel syndrome. On 8-26-15, the injured worker complained of ongoing neck pain, rated 7 out of 10 VAS and which increased with stress. She also reported headaches, poor sleeping and nightmares. The physical examination at that visit documented tenderness, pain and stiffness of the cervical spine although there was full cervical range of motion without pain. The cervical compression test was positive with pain radiation to the right upper extremity. The plan of care included cervical epidural injections. The appeal requested authorization for bilateral cervical epidural steroid injection to C2-C3 levels. The Utilization Review dated 9-15- 15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical epidural steroid injection C2-C3 Qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation American Society of Interventional Pain Physician: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations.

Decision rationale: Epidural steroid injections (ESI) are an optional treatment for pain caused by nerve root inflammation, that is, pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. The ACOEM guidelines point out its use has uncertain benefits in neck pathology other than as a non-surgical treatment for nerve root compromise to clarify nerve root dysfunction prior to surgery. As per the MTUS the effects of epidural steroid injections usually will offer the patient only short term relief of symptoms as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. If these other treatment modalities have already been tried and failed, use of epidural steroid injection treatment becomes questionable, unless surgery on the neck is being considered. The MTUS also provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination, corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. It also notes that for therapeutic use of this procedure, use of repeat blocks should be based on continued objective documented pain and documentation that the prior block gave at least 50% pain relief with associated reduction in pain medication use for 6-8 weeks. The American Society of Interventional Pain Physician guidelines also recommend repeat therapeutic ESI for patients with cervical radiculitis or cervical disc herniation. This patient does not meet the criteria for repeat bilateral epidural steroid injection at Level C2-3. The signs and symptoms are non-specific, the most recent imaging study and the recent electromyography study do not corroborate the diagnosis of radiculopathy at this level and the prior diagnostic block only provided 4 days of symptom relief. Medical necessity has not been established.