MAXIMUS Federal Services

Case Number:	CM15-0191735		
Date Assigned:	10/05/2015	Date of Injury:	03/29/2004
Decision Date:	11/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/29/2015

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: Family Practice

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 51 year old female, who sustained an industrial injury on 03-29-2004. She has reported subsequent neck, low back, bilateral lower extremity, knee and hip pain and was diagnosed with cervical spinal stenosis, herniated disc and radiculopathy, lumbar herniated disc and radiculopathy and knee and hip osteoarthritis. MRI of the cervical spine dated 06-04-2004 revealed 3.5 mm central disc protrusions impinging on the cord and creating a mild to moderate spinal stenosis at C3-C4 and C4-C5, 3.5 mm left paracentral disc protrusion impinging on the cord and creating mild to moderate acquired spinal stenosis at C5-C6 and 3 mm left lateral disc protrusion impinging on the left side of the cord and creating a mild spinal stenosis. Treatment to date has included oral and topical pain medications, which were noted to have failed to significantly relieve the pain. Documentation shows that the treating physician had made requests for translaminar cervical epidural steroid injection C4, C5 midline since at least 09-08-2014, but that the requests had been denied. In a progress note dated 08-31-2015, the injured worker reported neck, low back and right hip pain. Neck pain was rated as 6 out of 10 in severity with radiation to the bilateral upper extremities, low back pain was rated as 9 out of 10 in severity with radiation to the bilateral lower extremities right greater than left, bilateral knee pain was rated as 9 out of 10 in severity with swelling of the right knee and right hip pain was rated as 5 out of 10 In severity. Objective examination findings showed decreased range of motion of the cervical spine with cervical segmental, ligamentous, and posterior and anterior cervical tenderness, decreased range of motion of the shoulders with tenderness, decreased range of motion of the lumbar spine, lumbar facet tenderness, positive straight leg raise bilaterally,

reduced range of motion of the hips, tenderness of the hips and positive sciatic notch and sciatic nerve test on the right. The physician noted that the injured worker's pain was likely to be inflammatory; radicular in nature and that a transforaminal epidural cervical injection of C4, C5 midline was being requested. The physician indicated that no imaging studies were available to review at the time of the appointment. A request for authorization of translaminar cervical epidural steroid injection C4, C5 midline x 1 was submitted. As per the 09-11-2015 utilization review, the request for translaminar cervical epidural steroid injection C4, C5 midline x 1 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar cervical epidural steroid injection C4, C5 midline x1: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter/ cervical epidural steroid injection.

Decision rationale: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. In this case, the examination findings are not corroborated with imaging studies. In addition, per ODG, Epidural steroid injection (ESI) are 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. Per ODG, " Recent evidence: ESIs should not be recommended in the cervical region, the FDA's Anesthetic and Analgesic Drug Products Advisory Committee concluded. Injecting a particulate steroid in the cervical region, especially using the transforaminal approach, increases the risk for sometimes serious and irreversible neurological adverse events, including stroke, paraplegia, spinal cord infarction, and even death. The FDA has never approved an injectable corticosteroid product administered via epidural injection, so this use, although common, is considered off-label. Injections into the cervical region, as opposed to the lumbar area, are relatively risky, and the risk for accidental injury in the arterial system is greater in this location. (FDA, 2015) An AMA review suggested that ESIs are not recommended higher than the C6-7 level; no cervical interlaminar ESI should be undertaken at any segmental level without pre-procedural review; & particulate steroids should not be used in therapeutic cervical transforaminal injections. (Benzon, 2015) According to the American Academy of Neurology (AAN), ESIs do not improve function, lessen need for surgery, or provide long-term pain relief, and the routine use of ESIs is not recommended. They further said that there is in particular a paucity of evidence for the use of ESIs to treat radicular cervical pain. (AAN, 2015) In this comparative-effectiveness study, no significant differences were found between ESI and conservative treatments. (Cohen, 2014) ". Given these factors, the request for cervical epidural steroid injection is not supported. The request for Translaminar cervical epidural steroid injection C4, C5 midline x1 is not medically necessary or appropriate.