

Case Number:	CM15-0192558		
Date Assigned:	10/06/2015	Date of Injury:	11/17/2010
Decision Date:	11/13/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/30/2015

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: Texas, Florida, 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 41 year old female who sustained an industrial injury on 11-17-10. Diagnoses are noted as chronic pain other, cervical radiculopathy, lumbar radiculopathy, carpal tunnel syndrome, right, double crush syndrome. In an initial pain medicine evaluation dated 8-28-15, the physician notes complaint of constant neck pain that radiates down the left upper extremity accompanied by tingling constantly in the left upper extremity to the level of the shoulder, wrist, hand, and fingers. It is reported that the neck pain is associated with migraine type headaches. Pain is rated at 10 out of 10 with and without medications and that it has worsened. Ongoing interference with activities of daily living due to pain is rated at 10 out of 10. Previous treatment includes medication (with a reported limited benefit) and home exercise. Medications are Cyclobenzaprine, Fenoprofen, Omeprazole, and Sumatriptan. Objective exam reveals tenderness in the cervical spine at C5-7, myofascial trigger points with twitch response-left trapezius muscle, range of motion limited due to pain, and decreased touch sensation in the left upper extremity with affected dermatome C5-7. MRI of the cervical spine (done 5-7-15) reveals "foramina and facets may be further assessed with computerized tomography scan of cervical spine if clinically desirable and appropriate and C5-C7: 2 mm disc bulge at these levels." Work status is that she is working full time with restrictions. A request for authorization is dated 9-9-15. The requested treatment of bilateral C5-6 cervical epidural injection under fluoroscopy was non certified on 9-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C5-6 cervical epidural injection under fluoroscopy: Upheld

Claims Administrator 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) Epidural steroid injections (ESIs) Therapeutic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, under Epidural Steroid Injection.

Decision rationale: This claimant was injured 5 years ago; the MRI showed degenerative bulges, but no overt injury disc herniation. The current California web-based MTUS collection was reviewed in addressing this request. They do not specifically isolate the neck area for these injections. The ODG and other sources simply as of late do not support cervical ESI. Per the ODG:1. 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) 2. 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 preprocedural review; & particulate steroids should not be used in therapeutic cervical transforaminal injections. (Benzon, 2015) 3. 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) Based on evidence-based review, the request is not medically necessary.