

Case Number:	CM15-0192647		
Date Assigned:	10/08/2015	Date of Injury:	03/31/2015
Decision Date:	11/20/2015	UR Denial Date:	09/04/2015
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: Arizona, Texas

Certification(s)/Specialty: Internal 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:

This is a 53-year-old male with a date of industrial injury 3-31-2015. The medical records indicated the injured worker (IW) was treated for cervical strain, spasm of muscle and cervical radiculopathy. In the progress notes (6-3-15 and 6-17-15), the IW reported neck pain radiating to both upper extremities associated with numbness, tingling and weakness. Medications included Gabapentin, Flexeril and Naproxen. On examination (6-17-15 notes), the cervical spine and paraspinal muscles were diffusely tender with well-preserved muscle bulk, joint contours, coordination, strength and sensation. Deep tendon reflexes were 2+ and strength was 5 out of 5. The exam on 6-23-15 found hypoesthesia and dysesthesia on the left posterolateral aspect of the left arm down to the forearm. Treatments included medications, physical therapy, which was helpful, and activity modification. MRI of the cervical spine on 5-19-15 showed degenerative joint disease at C4-5 and C5-6. The IW was on modified duty. A Request for Authorization was received for one cervical epidural steroid injection, per 08/19/15 order. The Utilization Review on 9-4-15 non-certified the request for one cervical epidural steroid injection, per 08/19/15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

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

Decision rationale: Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Criteria for the use of ESI is; 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDS, and muscle relaxants). Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. 5) No more than two nerve root levels should be injected at one session. 7) 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. 8) Current research does not support a “series-of-three” injections in either the diagnostic or therapeutic phase. In this case, the requested spinal epidural injection does not specify the specific level of the spine. It is impossible to assess the medical appropriateness for an epidural spinal injection unless the spinal level is specified. The medical necessity for Cervical ESI is not made.