

Case Number:	CM15-0193793		
Date Assigned:	10/07/2015	Date of Injury:	04/17/1995
Decision Date:	11/25/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/02/2015

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:

The injured worker is a 58-year-old female who sustained an industrial injury on 4-17-1995. Diagnosis provided is cervical disc degeneration. Diagnostic CT scan 8-25-2015 showed disc height loss at C5-C6, osteophyte complex with moderate central stenosis, and moderate to severe bilaterally foraminal narrowing. Documented treatment includes spinal cord stimulator, physical therapy, medication, home traction unit, and she had a cervical epidural steroid injection on 1-26-2015 with noted "significant" reduction in pain of 70 percent. At a 9-11-2015 visit, the injured worker reports that over the past two months, pain has increased back to 7-8 out of 10 and she has been increasing intake of Norco from 2-3 per day to 3-5. She stated the radiates toward the left upper extremity, and showed discomfort with extension and bilateral bending of her neck, with increased pain with Spurling's maneuver and "pinprick" sensation decreased in the 3rd, 4th, and 5th fingers of the left hand. The treating physician's plan of care includes a cervical epidural corticosteroid injection at C5-C6 and C6-C7 with the rationale of "reducing patient's cervical pain and increasing function as well as reducing her use of medications." This request was denied on 9-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Corticosteroid Injection at Levels C5-C6 and C6-C7: 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, Online Version, Neck and Upper Back, ESIs.

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

Decision rationale: The patient presents on 09/11/15 with cervical spine pain, which radiates into the left upper extremity. The patient's date of injury is 04/17/95. Patient is status post cervical ESI on 01/26/15 with "at least 70% initial pain relief." The request is for Cervical Epidural Corticosteroid Injection at Levels C5-C6 and C6-C7. The RFA is dated 09/11/15. Physical examination dated 09/11/15 reveals discomfort with lateral bending of the cervical spine, positive Spurling's maneuver bilaterally, decreased sensation to pinprick in the 3rd, 4th, and 5th digits of the left hand. The patient is currently prescribed Norco. Diagnostic imaging included cervical MRI dated 08/26/15, significant findings include: "C5-6: Moderate disc height loss. Moderate posterior disc osteophyte complex and probably posterior longitudinal ligament calcification. These likely contribute to mild central canal stenosis and moderate to severe bilateral neural foramina narrowing... C6-7: Moderate disc height loss. Moderate posterior disc osteophyte complex and probably posterior longitudinal ligament calcification. These likely contribute to mild central canal stenosis and a minimal bilateral neural foramina narrowing..." Patient's current work status is not provided. 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 the C5-6 and C6-7 levels, such injections are not supported per MTUS guidelines. Per progress note dated 09/11/15, this patient underwent a cervical ESI on 01/26/15 with 70% initial pain relief, though the duration of the relief is not clearly stated. Progress note dated 09/11/15 indicates the presence of radicular pain and neurological compromise in the left upper extremity. A diagnostic MRI dated 08/26/15 indicates moderate to severe foraminal stenosis at the C5-6 levels, but only minimal foraminal stenosis at the C6-7 levels. While this patient presents with chronic cervical pain and associated neurological compromise in the left upper extremity, 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.