

Case Number:	CM15-0194912		
Date Assigned:	10/08/2015	Date of Injury:	04/02/2012
Decision Date:	11/18/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/05/2015

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: North Carolina

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 64 year old male, who sustained an industrial injury on 4-2-12. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; status post cervical C6-C7 epidural steroid injection-epidurogram (9-3-15); medications. Diagnostics studies included CT cervical spine (3-11-15); EMG-NCV study (3-27-15); MRI cervical spine (5-13-15). Currently, the PR-2 notes dated 9-10-15 indicated the injured worker returns to the office for a follow-up evaluation. On 9-3-15 the injured worker had left C6- C7 epidural steroid injection and myelogram. The provider documents "it gave him about a 60- 70% improvement overall in his condition. He still does experience some pain about his neck with some radicular symptoms in his arms; however, overall he is pleased with the first epidural injection. On physical examination, there is tenderness to palpation bilaterally about the paracervical musculature. Active voluntary range of motion of the cervical spine disclosed the patient was very guarded in neck motion. The patient complained of moderate pain at the extremes of motion. Motor examination of the upper extremities reveals trace weakness of the left triceps as compared to the right. Remaining motor testing is grossly intact. Sensory is intact to light touch." The provider is requesting he undergo a second cervical epidural steroid injection as her notes "A series of injections have been shown to reduce symptoms even greater amount and for a longer duration of time". He also notes "The patient's pain has been assessed with and without medications. Without medication, the patient has a VAS score of 67. With the current regimen of medications, the patients function has dramatically improved. The VAS score has now been reduced to 18." A MRI cervical spine dated 5-13-15 impression reveals: "status post C5-C6 fusion with cervical spondylosis". A Request for Authorization is dated 9-29-15.

A Utilization Review letter is dated 9-26-15 and non-certification for Second cervical epidural steroid injection under imaging at left, C6-7. A request for authorization has been received for Second cervical epidural steroid injection under imaging at left, C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second cervical epidural steroid injection under imaging at left, C6-7: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and there by facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 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). 3) Injections should be performed using fluoroscopy (live x-ray) 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. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of previous ESI but not with pain reduction of 50% lasting 6-8 weeks with decrease in medication usage. Therefore repeat ESI is not medically necessary.