

Case Number:	CM15-0195723		
Date Assigned:	10/09/2015	Date of Injury:	03/01/2000
Decision Date:	11/18/2015	UR Denial Date:	08/31/2015
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: Arizona, 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 61 year old female, who sustained an industrial injury on 3-1-2000. The medical records indicate that the injured worker is undergoing treatment for cervical disc disease. According to the progress report dated 7-31-2015, the injured worker presented with complaints of neck and bilateral upper extremity pain. Regarding the left upper extremity pain, she describes the pain as beginning in the left trapezius muscle group with burning pain down into her hand, and numbness in her digits. She notes that since the last left-sided C5-6 epidural (4-7-2015), the "explosions" of pain has subsided by approximately 40%, but the constant burning has been unchanged. The level of pain is not rated. The physical examination of the upper extremities demonstrates decreased range of motion in the left shoulder secondary to pain, increased tone throughout the left trapezius muscle group with trigger points, and decreased sensation over the left deltoid to touch. The current medications are OxyContin, Levorphanol, Cymbalta, Soma, Colace, Topamax, and Atarax. Previous diagnostic studies include MRI of the cervical spine. On the 3-24-2015 progress note, the treating physician describes the MRI as "C5-6, there is a 3 millimeter disk bulge with partial osteophytic ridging which moderately compresses the cord, moderate-to-severely narrowing of the canal; uncinated and facet hypertrophy severely narrows the left and moderately-to-severely narrows the right neural foramen". Treatments to date include medication management, physical therapy, psychotherapy, and left C5-6 selective nerve root block. Work status is described as "part-time capacity". The original utilization review (8-31-2015) had non-certified a request for selective nerve root block epidural with catheter at left C5- C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Nerve Root Block Epidural with catheter at left C5-C6: 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 Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby 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. 8) Current research does not support series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case the progress note on 6/15/15 indicated no significant improvement in pain from the last ESI. In addition, length of prior benefit along with 50% improvement was not substantiated. The ESIs do not provide long-term benefit as noted in the guidelines above and are not recommended by the ACOEM guidelines. The request for another ESI of the cervical spine is not medically necessary.