

Case Number:	CM15-0196140		
Date Assigned:	10/14/2015	Date of Injury:	02/14/2014
Decision Date:	11/25/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/06/2015

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:

This 58 year old man sustained an industrial injury on 2-14-2014. Evaluations include an undated cervical spine MRI showing neuroforaminal stenosis, uncovertebral spurring, spinal cord narrowing, and bilateral neural foraminal encroachment and an undated lumbar spine MRI. Diagnoses include lumbar post-laminectomy syndrome, neck pain, and sciatica. Treatment has included oral medications. Physician notes dated 8-6-2015 show complaints of significant right arm pain when turning his head to the right and significant pain in both the neck and the bilateral arms with flexion of the neck. The physical examination shows an antalgic gait, normal muscle tone in all four extremities, decreased muscle strength in the left upper extremity measured as 4 out of 5, decreased sensation to light touch in the C5 dermatome, tenderness over the paraspinous, trapezius, and superior paraspinous muscles bilaterally as well as in the C5 and C6 dermatome of the left upper extremity with absent deep tendon reflexes at the biceps, triceps, and brachioradialis and absent clonus. Recommendations include cervical epidural steroid injection, cervical epidurogram, extra levels, fluoroscopic guidance, intravenous sedation, Cyclobenzaprine, Norco, and follow up in four weeks. Utilization review denied requests for extra levels and epidurogram and modified requests for one intralaminar epidural at one level with fluoroscopic guidance and intravenous sedation on 9-10-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

CESI (Cervical Epidural Steroid Injection) with 2 additional levels (not specified), Cervical epidurogram and insertion of a catheter under fluoroscopic guidance and with IV sedation:
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 current request is for CESI (cervical epidural steroid injection) with 2 additional levels (not specified), cervical epidurogram and insertion of a catheter under fluoroscopic guidance and with iv sedation. The RFA is dated 08/10/15. Treatment history included lumbar injections, lumbar surgery (2000), physical therapy, and medications. The patient may work with restrictions. 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." Per report 08/06/15, the patient presents with significant neck pain down both arms. He has numbness and tingling in the C5-C6 dermatomal distribution. He also has numbness and tingling in the left hands with weakness in the left index finger and forefinger. The physical examination showed decreased sensation to light touch in the C5 dermatome. There is tenderness over the paraspinous, trapezius, and superior paraspinous muscles bilaterally as well as in the C5 and C6 dermatome of the left upper extremity with absent deep tendon reflexes at the biceps, triceps, and brachioradialis and absent clonus. Cervical spine MRI from 10/10/14 revealed neural foraminal stenosis on the right at C4-5, prominent, reflecting uncovertebral spurring. AP diameter of spinal canal is of lower limits of normal at C4-5 at 9mm. At C5-6 AP diameter of spinal canal is at the lower limits of normal at 10mm. Recommendation included a cervical epidural steroid injection, and refill of medications. While this patient presents with chronic cervical pain with associated neurological compromise in the upper extremities, 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 supported. The request IS NOT medically necessary.