

Case Number:	CM15-0198560		
Date Assigned:	10/13/2015	Date of Injury:	12/02/2012
Decision Date:	12/01/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 52 year old male who sustained an industrial injury on 12-2-12. The diagnostic impression is noted as degenerative disc disease-cervical spine, cervicgia, status post shoulder arthroscopy. In an orthopedic follow up evaluation dated 8-6-15, the physician notes some continued limitation of motion in the neck and arm. Per the record, objective exam reveals mild pain with range of motion measured in degrees as follows: forward flexion chin to chest, extension 30, right and left lateral bend 45, right and left rotation 45. Provocative testing was negative bilaterally. Shoulder range of motion was noted to be within normal limits. The neurological exam notes cranial nerves 2-12 are grossly intact. The cervical spine MRI is reported to reveal "evidence of a mild stenosis noted at C5-C6." It is noted he has improved with regard to the shoulder, he does still have some pain in the neck area, he does have some residual radicular pain. Work restriction is no lifting greater than 25 pounds. Previous treatment includes physical therapy, home exercise, medication, and MRI- cervical spine. The requested treatment of cervical epidural steroid injection at levels C5-C6 was non-certified on 9-18-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at the levels C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and 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: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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 a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Per progress report dated 4/2/15, physical exam noted sensation was normal. There was weakness about the shoulders, left greater than right. Reflexes were intact and symmetrical. MRI of the cervical spine dated 1/26/14 revealed at C5-C6 a central focal disc protrusion with annular tear indenting the thecal sac and spinal cord having osteophytic complex at the lateral aspects. The spinal canal was normal in configuration and showing no sign of stenosis. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary.