

Case Number:	CM15-0200209		
Date Assigned:	10/15/2015	Date of Injury:	07/20/2014
Decision Date:	12/01/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/13/2015

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 54 year old male who sustained an industrial injury on 7-20-14. A review of the medical records indicates the worker is undergoing treatment for chronic pain syndrome, cervical paraspinal muscle spasm, degeneration of cervical intervertebral disc, cervicalgia, cervical spondylosis, brachial neuritis or radiculitis, and cervical disc displacement. Subjective complaints (9-10-15) include neck pain (rated at 3 out of 10) and has an aching and shocking quality and radiates into the left arm. Since the last visit, pain is noted to have increased and he is having spasms on the left side, which he notes is new. He notes Norco manages pain and Tizanidine does help with spasms for about 3 hours, but he has to limit usage due to impairment when working. Objective findings (9-10-15) include increased left neck pain with mild spasms, mildly reduced cervical spine range of motion, and decreased sensory to pinprick on the left C6, C7, and C8. The cervical MRI is noted to reveal C5-6 and C6-7 disc protrusions with compression (mild) as well as mild retrolisthesis. Previous treatment includes acupuncture, medications (Adderall, Norco, Tizanidine), and cervical epidural steroid injection with almost a year of relief. A request for authorization is dated 9-11-15. The requested treatment of cervical epidural steroid injection with epiduogram under fluoroscopy x2 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 (ESI) with epidurogram under fluoro #2: 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: 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. MRI of the cervical spine revealed C5-C6 and C6-C7 disc protrusions with compression (mild) as well as mild retrolisthesis. Per progress note dated 9/10/15, sensation was intact to pin prick in extremities, decreased sensory to pin prick on the left C6, C7, and C8 compared to the left. Reflexes were intact bilaterally. Motor strength was intact bilaterally. 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.