

Case Number:	CM15-0200389		
Date Assigned:	10/15/2015	Date of Injury:	05/27/2009
Decision Date:	12/11/2015	UR Denial Date:	09/23/2015
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

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:

This injured worker is a 55 year old female, who sustained an industrial injury on 05-27-2009. The injured worker was diagnosed as having cervicgia, cervical radiculopathy and cervical disc protrusion. On medical records dated 07-15-2015 and 08-19-2015, the subjective complaints were noted as neck and lower back pain. The injured worker as noted to continues to have increased pain with medication. Objective findings were noted as tenderness to palpation noted over the cervical paraspinal musculature, upper trapezius, scapular border, lumbar paraspinal musculature and bilateral greater trochanteric bursa was noted. Treatments to date included medication, cervical epidural steroid injections, home exercise program and chiropractic therapy. The injured worker was noted to have 50% relief for six weeks with prior injections. The Utilization Review (UR) was dated 09-23-2015. A Request for Authorization was dated 08-19- 2015.The UR submitted for this medical review indicated that the request for Cervical Epidural Steroid Injection at C7-T1 level with fluoroscopy as outpatient was non-certified.

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 C7-T1 level with fluoroscopy as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Treatment, Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic) (updated 6/25/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter/ epidural steroid injections.

Decision rationale: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. The MTUS guidelines state that 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. According to ODG, Epidural steroid injection (ESI) are not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. Per ODG, "Recent evidence: ESIs should not be recommended in the cervical region, the FDA's Anesthetic and Analgesic Drug Products Advisory Committee concluded. Injecting a particulate steroid in the cervical region, especially using the transforaminal approach, increases the risk for sometimes serious and irreversible neurological adverse events, including stroke, paraplegia, spinal cord infarction, and even death. The FDA has never approved an injectable corticosteroid product administered via epidural injection, so this use, although common, is considered off-label. Injections into the cervical region, as opposed to the lumbar area, are relatively risky, and the risk for accidental injury in the arterial system is greater in this location. (FDA, 2015) An AMA review suggested that ESIs are not recommended higher than the C6-7 level; no cervical interlaminar ESI should be undertaken at any segmental level without pre-procedural review; & particulate steroids should not be used in therapeutic cervical transforaminal injections. (Benzon, 2015) According to the American Academy of Neurology (AAN), ESIs do not improve function, lessen need for surgery, or provide long-term pain relief, and the routine use of ESIs is not recommended. They further said that there is in particular a paucity of evidence for the use of ESIs to treat radicular cervical pain. (AAN, 2015) In this comparative-effectiveness study, no significant differences were found between ESI and conservative treatments. (Cohen, 2014) ". Give that current evidence based guidelines do not support epidural steroid injections for the cervical spine, this request is not supported. The request for Cervical Epidural Steroid Injection at C7-T1 level with fluoroscopy as outpatient is not medically necessary or appropriate.