

Case Number:	CM15-0201845		
Date Assigned:	10/16/2015	Date of Injury:	05/04/2015
Decision Date:	12/02/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/14/2015

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:

This injured worker is a 60 year old male, who sustained an industrial injury on 05-04-2015. The injured worker was diagnosed as having cervical kyphosis, cervical degenerative disk disease and cervical radiculopathy with right-sided weakness. On medical records dated 06-26-2015, 08-04-2015 and 10-08-2015, the subjective complaints were noted as having neck and right upper extremity pain. Pain was rated a 4-7 out of 10. Objective findings were noted as light sensory loss in the C6-C7 distribution, Spurling test was positive on the right and arm abduction test was positive. The injured worker was noted not to have had epidural steroid injections. Treatments to date included physical therapy, anti-inflammatory and pain medication. The injured worker was noted to be temporary total disability. Current medications were listed as Tylenol and Motrin. The Utilization Review (UR) was dated 10-13-2015. A Request for Authorization was dated 10-23-2015. The UR submitted for this medical review indicated that the request for Injection Epidural Steroid Injection at C7-T1, Cervical Spine was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection Epidural Steroid Injection at C7-T1, Cervical Spine: Overturned

Claims Administrator 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 Chapter, Epidural Steroid Injection (ESI).

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 10/8/15, upper extremity motor exam revealed 4/5 strength in right wrist extension and flexion (C6, C7). 5/5 strength in all other muscle groups. Slight sensory loss was noted in the C6-C7 distribution. Deep tendon reflexes were intact bilaterally. MRI of the cervical spine revealed at C6-C7 moderate right neural foraminal narrowing. 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. While it is noted that the documentation submitted for review supports a C6-C7 radiculopathy, and the requested operative level is C7-T1, the standard of care is moving towards most cervical epidural steroid injections being performed with needle puncture at C7 for safety. I respectfully disagree with the UR physician's assertion that the guidelines do not support the use of cervical epidural steroid injections. The request is medically necessary.