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| Case Number: | CM15-0202928 | | |
| Date Assigned: | 10/19/2015 | Date of Injury: | 11/27/2013 |
| Decision Date: | 12/02/2015 | UR Denial Date: | 10/08/2015 |
| Priority: | Standard | Application Received: | 10/15/2015 |

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, Oregon,
 Washington Certification(s)/Specialty: Orthopedic
 Surgery

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 53 year old male with an industrial injury date of 11-25-2013. Medical record review indicates he is being treated for degeneration of cervical intervertebral disc and shoulder pain. Subjective complaints (09-30-2015) included shoulder and neck pain. Physical exam (09-30-2015) noted positive Spurling's maneuver bilaterally. Hypoesthesia in the left upper extremity in cervical 5 dermatome was also noted. Reflexes were two plus and symmetric at the biceps, triceps and brachioradialis. In the treatment note dated 07-20-2015 the treating physician documented the injured worker had received cervical epidural steroids by an anterolateral approach. "Apparently he had his first injection at cervical 4-cervical 5 which was slightly beneficial; however, had a second injection at cervical 5-cervical 6 which caused a significant complication including persistent radicular pain and increased neck, left shoulder girdle and left upper extremity pain." Other treatments included physical therapy, home exercise program, medications and massage. Prior diagnostics included MRI of the cervical spine dated 03-24-2015 and read as: Cervical 6-7 central left posterolateral 2 mm disc protrusion causing moderate left lateral recess and foraminal stenosis and borderline central canal stenosis Cervical 5-6 marked left and mild right uncinat hypertrophy and foraminal narrowing Cervical 4-5 central 1 mm disc protrusion without stenosis Cervical 3-4 central 1 mm disc protrusion. On 10-08-2015 the request for cervical epidural steroid injection was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: 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 Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the CA MTUS/ Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46 "The purpose of ESI is 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 functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants)." These guidelines regarding epidural steroid injections continue to state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." CA MTUS, Neck and Back Complaints, Initial Care states that "cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Facet injections are not recommended per the Summary of Recommendations table." In this case, the exam notes from 9/30/15 do not demonstrate a radiculopathy that is specific to a dermatome on physical exam. In addition, there is lack of evidence of failure of conservative care. Finally, CA MTUS guidelines state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Therefore, the request is not medically necessary.