MAXIMUS Federal Services

Case Number:	CM15-0206079		
Date Assigned:	10/22/2015	Date of Injury:	09/16/2005
Decision Date:	12/09/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/20/2015

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 64year old female, who sustained an industrial injury on 9-16-2005. The injured worker was being treated for cervical spondylosis and spinal stenosis, cervicalgia, and cervicocranial syndrome. The injured worker (6-4-2015) reported ongoing neck pain with radiating pain down the arms. The physical exam (6-4-2015) reveals very mild crepitus with neck range of motion, forward flexion with her chin to her chest, ability to hyperextend her neck, and good ear to shoulder range of motion which is symmetric. The treating physician noted mild paracervical muscle spasm and tenderness near the cervical occipital junction distally. The injured worker (8-13-2015, 9-21-2015) reported ongoing neck pain with left arm pain and paresthesias. There is no documentation of a physical exam on 9-21-2015. The physical exam (8-13-2015) reveals moderate limitation of left cervical rotation, mild limitation of right cervical rotation, and moderate tenderness of C2-3 (cervical 2-3), C3-4 (cervical 3-4), C4-5 (cervical 4-5), C5-6 (cervical 5-6), C6-7 (cervical 6-7), and C7-T1 (cervical 7-thoracic 1). The x-rays of the cervical spine (6-30-2015) stated that there was degenerative disc narrowing at revealed diffuse anterior spurring at C5-6 and C7-T1. The MRI of the cervical spine (9-21-2015) stated there was "multilevel degenerative disc disease" with moderately severe left C4-5 and left C5-6 neural foraminal narrowing. The MRI further stated there was nerve impingement of the exiting left C5 and left C6 nerve roots that possibly accounted for left radicular symptoms. Treatment has included non-steroidal anti-inflammatory medication. On 9-24-2015, the requested treatments included a left C5-6 transforaminal epidural injection. On 10-1-2015, the original utilization review non-certified a request for a left C5-6 transforaminal epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Left C5-6 Transforaminal Epidural 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 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 the medical records submitted for review, MRI of the lumbar spine dated 9/21/15 revealed multilevel degenerative disc disease with moderately severe left C4-C5 and left C5-C6 neural foraminal narrowing. There was nerve impingement of the exiting left C5 and left C6 nerve roots. Per physical exam, there were non-dermatomal sensory changes noted about the left upper extremity. Motor strength and reflexes were normal. 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.