

Case Number:	CM15-0206951		
Date Assigned:	10/26/2015	Date of Injury:	06/03/2013
Decision Date:	12/07/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/21/2015

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: Emergency Medicine

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 6-3-2013. The injured worker was being treated for brachial (cervical) neuritis. The injured worker (6-10-2015) reported ongoing neck pain with his neck feeling like it is "locked up". He reported numbness of the hands. The injured worker reported increased pain with physical therapy. The physical exam (6-10-2015) revealed neck flexion of 20 degrees, extension to neutral, and rotation of 20 degrees, which was limited by pain. The treating physician noted exquisite tenderness to palpation over the cervical paraspinals and intact sensation to light touch throughout the bilateral upper extremities. The treating physician noted the injured worker was not tolerating physical therapy and discontinued the physical therapy. The injured worker (7-8-2015) reported ongoing neck pain. The physical exam (7-8-2015) revealed decreased cervical range of motion and increased pain with range of motion. The injured worker (8-26-2015) reported ongoing bilateral neck pain that is constant. The injured worker reported associated symptoms that included pins & needles, numbness, tingling, and weakness. The physical exam (8-26-2015) revealed tenderness primarily in the bilateral mid and lower cervical paraspinous muscles extending to the cervicothoracic junction in the paraspinous and trapezius muscles extending laterally. The treating physician noted severe limitation of flexion and extension due to pain and stiffness, positive bilateral Spurling's maneuver, and decreased sensation to light touch in the bilateral 3rd-5th digits. The MRI of the cervical spine (11-12-2014) stated: There was a central disc protrusion at cervical 3-4 with mild flattening of the thecal sac, patent neural foramina, and no cord compression or canal stenosis. At cervical 4-5, there was a central disc protrusion with mild flattening of the ventral

spinal cord, uncovertebral joint and facet degenerative changes with mild right and severe left neural foraminal stenosis. At cervical 5-6, there was a central disc protrusion with flattening of the ventral thecal sac without cord compression or canal stenosis with mild-moderate neural foraminal stenosis. At cervical 6-7, there was a disc bulge with flattening of the ventral thecal sac without cord compression, canal stenosis, or neural foraminal stenosis. Treatment has included at least 2 sessions of physical therapy, at least 11 sessions of chiropractic therapy, psychotherapy, massage, a home exercise program, ice, heat, bed rest, transcutaneous electrical nerve stimulation (TENS), work restrictions, and medications including and non-steroidal anti-inflammatory. The treatment plan included cervical epidural steroid injection. On 9-25-2015, the original utilization review non-certified a request for an interlaminar cervical epidural at C6-7 x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar cervical epidural at C6-7 x 3: Upheld

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 & Upper Back, Epidural steroid injection (ESI).

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 (Acute & Chronic), Cervical Epidural Injections.

Decision rationale: The requested Interlaminar cervical epidural at C6-7 x 3, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are: 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). ODG Treatment Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic), Cervical Epidural Injections, 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. These had been recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), with specific criteria for use below. In a previous Cochrane review, there was only one study that reported improvement in pain and function at four weeks and also one year in individuals with radiating chronic neck pain." The injured worker has ongoing neck pain. The physical exam (7-8-2015) revealed decreased cervical range of motion and increased pain with range of motion. The injured worker (8-26-2015) reported ongoing bilateral neck pain that is constant. The injured worker reported associated symptoms that included pins & needles, numbness, tingling, and weakness. The physical exam (8-26-2015) revealed tenderness primarily in the bilateral mid and lower cervical paraspinous muscles extending to the cervicothoracic junction in the paraspinous and trapezius muscles extending laterally. The treating physician noted severe limitation of flexion and extension due to pain and stiffness, positive bilateral

Spurling's maneuver, and decreased sensation to light touch in the bilateral 3rd-5th digits. The MRI of the cervical spine (11-12-2014) stated: There was a central disc protrusion at cervical 3-4 with mild flattening of the thecal sac, patent neural foramina, and no cord compression or canal stenosis. At cervical 4-5, there was a central disc protrusion with mild flattening of the ventral spinal cord, uncovertebral joint and facet degenerative changes with mild right and severe left neural foraminal stenosis. At cervical 5-6, there was a central disc protrusion with flattening of the ventral thecal sac without cord compression or canal stenosis with mild-moderate neural foraminal stenosis. At cervical 6-7, there was a disc bulge with flattening of the ventral thecal sac without cord compression, canal stenosis, or neural foraminal stenosis. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. However, a recent ODG Guideline notes that cervical epidural injections are no longer recommended due to the serious risks associated with this procedure and the lack of quality evidence of sustained benefit. Based on the currently available information, the medical necessity for this procedure as an outlier to referenced guideline negative recommendations has not been established. The criteria noted above not having been met, Interlaminar cervical epidural at C6-7 x 3 is not medically necessary.