

Case Number:	CM15-0206955		
Date Assigned:	10/23/2015	Date of Injury:	04/24/2014
Decision Date:	12/04/2015	UR Denial Date:	09/18/2015
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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 72 year old male who sustained an industrial injury on 4-24-14. A review of the medical records indicates he is undergoing treatment for occipital neuralgia, cervical facet arthropathy, cervical myofascial strain, bilateral carpal tunnel syndrome, tinnitus, traumatic brain injury, cervical vertebral compression fracture, and a history of seizure disorder. The medical records (6-9-15, 7-30-15, 8-25-15, and 9-14-15) indicate ongoing complaints of headaches, neck pain, balance problems, and hearing difficulties. The 7-30-15 record indicates that he has pain in the occipital region, bilaterally, that radiates to the front of his scalp. He reports numbness and tingling in his hands bilaterally that radiates to the first three digits in both hands. The 9-14-15 record indicates complaints of pressure along the top of his head. He reports numbness and tingling in bilateral hands. He rates his pain "8 out of 10". The record indicates "in regards to his neck the patient denies pain today" then states "he states the pain in his neck is significantly increasing". He also reports cramping in the left calf and balance problems. He reports that when he stands, he often feels that he may fall. He uses a single point cane for walking. He reports that the "pain is so bad that he is unable to sleep". The physical exam reveals a slow and antalgic gait. Tenderness to palpation is noted in bilateral occipital ridges with "re-creation" of pain in the greater occipital nerve distribution. Tenderness to palpation is also noted in the left cervical paraspinals. Range of motion is within normal limits except in cervical extension, which is noted to be 20 degrees. Facet loading is positive in the bilateral cervical area. Tinel's test is positive in bilateral wrists. Diagnostic studies have included x-rays of the cervical spine, MRIs of the cervical spine and brain, and a hearing test.

Treatment has included an occipital nerve block, chiropractic treatment, trigger point injections, and medications. Treatment recommendations include medial branch blocks of left C3-C4 and C4-C5, a neurology consultation, and physical therapy. An interlaminar epidural steroid injection for C4-C5 and C5-C6 was requested on 6-9-15. The utilization review (9-18-15) includes a request for authorization of interlaminar epidural steroid injection, C4-C5, C5-C6 x 1 and interlaminar epidural steroid injection, C4-C5, C5-C6 x 2. The request was modified to interlaminar epidural steroid injection C4-C5, C5-C6 x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Epidural steroid injection C4-C5, C5-C6 (x 2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, ESI.

Decision rationale: The claimant was injured in 2014. There is ongoing headache and occipital pain. The ESI requests were modified in the prior review. The current California web-based MTUS collection was reviewed in addressing this request. They do not specifically isolate the neck area for these injections. The ODG and other sources simply as of late do not support cervical ESI, Per the ODG: 1. 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) 2. 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 preprocedural review; & particulate steroids should not be used in therapeutic cervical transforaminal injections. (Benzon, 2015) 3. 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) Based on evidence-based review, the request is not medically necessary.