

Case Number:	CM15-0207975		
Date Assigned:	10/26/2015	Date of Injury:	02/11/2015
Decision Date:	12/07/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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 55 year old female who sustained an industrial injury on 2-11-2015. A review of medical records indicates the injured worker is being treated for headaches, displacement of the cervical intervertebral disc without myelopathy, brachial neuritis or radiculitis, lateral epicondylitis, sprain of the lumbar spine and other symptoms related to back, and neck pain. Medical records dated 9-25-2015 noted bilateral upper extremity pain and neck pain. She rates her pain a 10 out of 10 without medications and a 6 out of 10 with medications. Pain is aggravated with all range of motion. Physical examination noted there is tenderness over the cervical paraspinals and tenderness over the facet joints. Cervical range of motion was reduced in all planes. MRI dated 8-24-2015 revealed canal stenosis and foraminal narrowing. Treatment has included Norco, tramadol, and Lidoderm patches. Utilization review form dated 10-14-2015 noncertified C6-7 interlaminar epidural steroid injection with moderate sedation and fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 Interlaminar Epidural Steroid Injection with moderate sedation and fluoroscopic guidance: 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: 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.