

Case Number:	CM15-0020450		
Date Assigned:	02/10/2015	Date of Injury:	11/05/2012
Decision Date:	03/25/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/03/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 was a 58 year old male, who sustained an industrial injury, November 5, 2012. The injury was sustained when two forklifts collided, the injured worker suddenly experienced pain in the neck and low back. According to progress note of January 7, 2015, the injured workers chief complaint was occasional throbbing pain in the low back, but was able to walk 20-25 minutes without difficulty. The injured worker continues with persistent neck pain radiating to the trapezius and bilateral shoulders and continues down both arms with numbness and tingling right greater than the left. The physical exam noted a mild decrease in cervical range of motion. The pain limits the range of motion. There was decreased sensation in the right dorsal forearm and hand. The injured worker was diagnosed with chronic C7 and possible C6 radiculopathy, cervical disc protrusion with stenosis C5-C6, mild peripheral polyneuropathy and mild ulnar nerve conduction velocity slowing. The injured worker previously received the following treatments L5-S1 posterior fusion on August 22, 2014, postoperative physical therapy for core strengthening, EMG (electromyography) studies consistent with radiculopathy, electrodiagnostic studies of the upper extremities, MRI of the cervical spine and lumbar brace. On November 5, 2014, the primary treating physician requested authorization for an injection to cervical/thoracic spine at C7-T1, as an outpatient. On January 28, 2015, the Utilization Review denied authorization for an injection to cervical/thoracic spine at C7-T1, as an outpatient. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: This 58 year old male has complained of low back pain and neck pain since date of injury 11/5/12. He has been treated with lumbar spine surgery, physical therapy and medications. The current request is for cervical epidural steroid injection at C7-T1. Per the MTUS guideline cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 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. The available medical records do not include documentation that meet criteria (1) above. Specifically, radiculopathy was not documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and (2) there was inadequate documentation of failure of conservative therapy. Based on the above MTUS guidelines and available provider documentation, cervical epidural steroid injection at C7-T1 is not medically necessary.