

Case Number:	CM15-0022820		
Date Assigned:	02/12/2015	Date of Injury:	03/15/2004
Decision Date:	03/25/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/06/2015

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: Hawaii, 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 was a 61 year old male, who sustained an industrial injury, on March 15, 2004. According to progress note of December 16, 2014 the injured workers chief complaint was neck pain and depression for the injury and chronic pain. The injured worker was diagnosed with postlaminectomy syndrome, chronic cervical strain, depression secondary to injury and rotator cuff damage to the right shoulder, brachial neuritis or radiculitis, cervicgia and anterior cervical fusion. The injured worker previously received the following treatments. The MRI of the cervical spine showed fusion of C3-T1 with evidence of fusion involving the facet joints of C4-C5 and on the right of C7-T1, multilevel neural foraminal stenosis of the cervical spine with right greater than the left, severe stenosis on the left of T1-T2 and the right at T2-T3 relater to degenerative hypertrophic facet arthropathy and loss of disc height and central spinal stenosis. Other treatments were random toxicology studies, physical therapy, On January 15, 2015, the primary treating physician requested authorization for cervical epidural steroid injection at C3-C4 for postlaminectomy syndrome. On January 23, 2015, the Utilization Review denied authorization for cervical epidural steroid injection at C3-C4.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 ESI C3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs)

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Treatment notes do not indicate that this would be performed in conjunction with other rehab efforts. MTUS further defines the criteria for epidural steroid injections to include: 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. The treating physician does not actually document radiculopathy by physical exam to the levels in questions, which is required to meet MTUS guidelines for a cervical ESI. As such, the request for Cervical ESI C3-4 is not medically necessary at this time.