

Case Number:	CM15-0027012		
Date Assigned:	02/19/2015	Date of Injury:	03/01/2014
Decision Date:	03/30/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/13/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 51 year old, female patient, who sustained an industrial injury on 03/01/2014. A consulting physicians visit dated 01/14/2015 reported prior denied request for a steroid injection at L4-5. She also continues with pain in her neck, difficulty with range of motion, headaches and shoulder pain. She feels like she is progressively getting worse. Physical examination found her with difficulty getting up from a sitting position. She has an antalgic gait and is slightly hunched forward. She is very tender to palpation in her low back. She has a very positive straight leg raise on the right with a hint of weakness with the right ankle dorsiflexion. She described radicular symptoms down the lateral aspect of leg; associated with numbness and tingling. The following diagnoses are applied; L4-5 spondylolisthesis and stenosis; C5-6 herniated nucleus pulposus with cord impingement and uncontrolled Diabetes. Prior treatment modalities included; home exercise program, medications including anti-inflammatories and muscle relaxants. A request was made for a cervical epidural steroid injection at the C5-6 level with sedation. On 02/05/2015, Utilization Review, non-certified the request, noting the ODG, Pain chapter, Epidural steroid Injections was cited. On 02/13/2015, the injured worker submitted an application for independent medical review of service requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical epidural steroid injection at the C5-C6 level with sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation ODG/NECK pain chapter and epidural injection

Decision rationale: According to the ODG guidelines, an ESI criteria 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). (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 only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (8) Repeat injections should be based on continued objective documented pain and function response. (9) 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. (10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. (11) Cervical and lumbar epidural steroid injection should not be performed on the same day. In this case, the claimant did have radicular symptoms and abnormal MRI findings with nerve impingement, but the request was not requested under fluoroscopy and the intervention is generally considered an option. Based on the above, the request is not medically necessary.