

Case Number:	CM15-0028479		
Date Assigned:	02/20/2015	Date of Injury:	05/07/2012
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/16/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 male, who sustained an industrial injury on May 7, 2012. The diagnoses have included cervicalgia, cervical radiculopathy, cervical spondylosis/cervical facet arthropathy, cervical disc herniation, and pain in shoulder joint. Treatment to date has included right shoulder surgery, chiropractic treatments, physical therapy, and medications. Currently, the injured worker complains of neck pain radiating from the neck down the right arm, and right shoulder pain. The Treating Physician's report dated January 16, 2015, noted the injured worker with pain symptoms on a continuous basis, alleviated somewhat by current meds. A cervical MRI was noted to show a C6-C7 disc osteophyte complex to the left causing high grade left foraminal narrowing and moderate right foraminal narrowing, and C5-C6 broad based disc osteophyte complex causing high grade bilateral foraminal narrowing, and degenerative disc disease. Physical examination was noted to show cervical range of motion (ROM) restricted, with spinous process tenderness on C4, C5, and C6. On January 27, 2015, Utilization Review non-certified a cervical epidural injection bilateral at C6-C7 Qty: 1.00, noting that based on the documentation provided there was no documentation of neurological deficits indicative of radiculopathy on examination, and the electrodiagnostic report documented that there was no evidence of radiculopathy, neuropathy. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 16, 2015, the injured worker submitted an application for IMR for review of cervical epidural injection bilateral at C6-C7 Qty: 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection bilateral at C6-C7 Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation 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." There were no medical documents provided to conclude that a home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain, if any. 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 patient demonstrates radiating pain and paresthesias in the upper extremities. The medical documents provided did document an EMG diagnosing the patient with carpal tunnel disease. The medical documents provided do provide evidence of cervical radiculopathy but the treating physician does not detail failure of first line therapies. In fact the treating physician notes the physical therapy helped "a lot" and chiropractic care "somewhat". As such, the request for Cervical epidural injection bilateral at C6-C7 Qty: 1.00 is not medically necessary.