MAXIMUS Federal Services

Case Number:	CM15-0211201		
Date Assigned:	10/30/2015	Date of Injury:	08/31/2000
Decision Date:	12/15/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/27/2015

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, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 59 year old female, who sustained an industrial injury on August 31, 2000, incurring low back, upper back, neck and left arm injuries. She was diagnosed with cervical degenerative disc disease, cervical stenosis and lumbar degenerative disc disease. Treatment included pain medications, muscle relaxants, topical analgesic gel, epidural steroid injection, antidepressants, physical therapy, and activity modifications. Currently, the injured worker complained of severe neck pain with radiation into her shoulders and arms. Her pain worsened with movements of the head, neck and shoulders and with standing, walking, bending and lifting. She noted difficulty sleeping at night due to her pain. The persistent pain prevented her from participating in activities of daily living. She had limited range of motion to both the cervical and lumbar spine secondary to chronic pain. She underwent cervical epidural steroid injection previously and obtained greater than 50% relief of pain for months. The treatment plan that was requested for authorization included a cervical epidural steroid injection with a catheter. On October 13, 2015, a request for a cervical epidural steroid injection was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection (ESI) C4-C5, C5-C6 with catheter, Qty 1: Overturned

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 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." 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 parasthesias in the upper extremities and there is documentation of dermal pain in the upper extremities. The medical documents provided did document decreased upper extremity reflexes on physical examinations. Concerning medical imaging, there is evidence of cervical nerve root compression on MRI. As such, the request for cervical epidural steroid injection (ESI) C4-C5, C5-C6 with catheter, Qty 1 is medically necessary.