

Case Number:	CM15-0211653		
Date Assigned:	10/30/2015	Date of Injury:	02/06/2013
Decision Date:	12/15/2015	UR Denial Date:	10/05/2015
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: Texas, 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:

This is a 51 year old male patient, who sustained an industrial injury on 2-6-13. The diagnoses include cervical discopathy with radiculitis. His work status is modified duty. Per the doctor's note dated 9/16/15, he had complaints of low back and neck pain. Per the doctor's note dated 8-11-15 and 8-31-15 he had complaints of constant neck pain described as sharp that radiates to the right upper extremity with noted numbness and tingling; headaches associated with the neck pain and tension between his shoulder blades. His pain was rated at 8 out of 10. The pain was increased with repetitive neck motions, pushing, pulling, lifting, forward reaching and activities at or above shoulder level. He reported the pain interferes with prolonged walking, standing and sitting, carrying groceries, sleep, participate in social activities, self-care, relationships and sexual activities. Physical examinations dated 8-31-15 and 9-16-15 revealed lumbar spine-spasm, decreased range of motion, positive straight leg raising test, normal strength and sensation in bilateral lower extremities; tenderness to palpation of the paravertebral muscles with spasms, left trapezius tenderness with axial compression of the cervical spine, tenderness to palpation in the trapezial area, Cervical spine range of motion restricted, decreased sensation to light touch in C6 and C7 dermatomes. The medications list includes naproxen, soma, flexeril and vicodin. He had cervical spine MRI dated 7/6/15 which revealed multilevel disc bulges with bilateral neural forminal narrowing at C5-6 and C6-7; and bilateral upper extremities electrodiagnostic studies dated 6/17/14 which revealed bilateral carpal tunnel syndrome. Treatment to date has included two cervical epidural injections and physical therapy. A request

for authorization dated 10-1-15 for C5-C6 cervical spine injection under monitored anesthesia care is non-certified, per Utilization Review letter dated 10-5-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 cervical injection under monitored anesthesia care: Upheld

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 rationale: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 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." Per the cited guideline criteria for ESI 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). 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. Evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing is not specified in the records provided. Per the records provided, the patient two cervical epidural injections in the past. Evidence of documentation of at least 50% pain relief with associated reduction of medication use for six to eight weeks and increased objective functional improvement with previous cervical epidural steroid injection is not specified in the records provided. As stated above, 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. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of C5-C6 cervical injection under monitored anesthesia care is not fully established for this patient. The request is not medically necessary.