

Case Number:	CM15-0211696		
Date Assigned:	10/30/2015	Date of Injury:	05/26/2011
Decision Date:	12/18/2015	UR Denial Date:	10/18/2015
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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 42 year old female, who sustained an industrial injury on 5-26-2011. The injured worker was being treated for cervical arthrosis and radiculopathy; trapezial, paracervical, and parascapular strain, and left shoulder impingement. The injured worker reported (4-28-2015 and 9-15-2015) ongoing neck pain radiating into the left arm. The treating physician (6-9-2015 and 7-21-2015) noted the injured worker had been seen by the agreed medical evaluator who recommended cervical epidural steroid injections. There was no documentation of the subjective complaints. The physical exam (4-28-2015, 6-9-2015, 7-21-2015, and 9-15-2015) revealed mildly increased cervical range of motion with some pain, slight trapezial and paracervical tenderness, and a positive left Spurling's test. The treating physician noted a positive left shoulder impingement sign and slight stiffness of the shoulders with some pain on range of motion. Per the treating physician (8-6-2015 report), a cervical MRI (undated) showed moderate left cervical 5-6 stenosis and mild right, progressed. The MRI showed a moderate central disc protrusion at thoracic 1-2, progressed. The electrodiagnostic studies of the bilateral upper extremities (7-17-2015) stated that the cervical electrodiagnostic studies are within normal limits. Treatment has included physical therapy, home exercises, a transcutaneous electrical nerve stimulation (TENS) unit, off work, work modifications, and medications including oral pain, topical pain, anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory. The requested treatments included a cervical epidural series. On 10-18-2015, the original utilization review non- certified a request for a cervical epidural series.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural series: 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 rationale: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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. MRI of the cervical spine revealed moderate left C5-C6 stenosis and mild right. Per progress report dated 10/29/15, weakness was noted in the left elbow and wrist extension 4/5, decreased sensation was noted about the left medial forearm and hand. I respectfully disagree with the UR physician's assertion that there was no evidence of radiculopathy. The request is medically necessary.