MAXIMUS Federal Services

Case Number:	CM15-0214601		
Date Assigned:	11/04/2015	Date of Injury:	01/25/2014
Decision Date:	12/22/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/02/2015

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:

The injured worker is a 54 year old female with an industrial injury date of 01-25-2014. Medical record review indicates she is being treated for cervical disc disease, cervical radiculopathy and left shoulder impingement. Subjective complaints (06-04-2015) included neck, bilateral shoulder and lower back pain rated as 7 out of 10 and "unchanged since her last visit." "She denies having any procedures done to alleviate her pain." Medications included Tramadol ER. She was started on Gabapentin (06-04-2015). Prior treatments included medications. Other medications list included Gabapentin, Aspirin, Synthroid. Prior diagnostics include MRI of the cervical spine (03-26-2015) read by the radiologist as follows: Cervical 2-3 disc desiccation. There is a 2 mm midline disc protrusion with mild degree of central canal narrowing. Cervical 3-4 disc desiccation with endplate degenerative changes. There is a 1 mm midline disc bulge with mild effacement of the anterior thecal sac. Cervical 4-5 disc desiccation with endplate degenerative changes. There is a 3 mm left pre-foraminal and left foraminal disc protrusion with abutment of the exiting left cervical nerve root and narrowing of the left neural foramen, Cervical 5-6 disc desiccation with endplate degenerative changes. There is a 2 mm disc protrusion with a mild degree of central canal narrowing. There is bi-foraminal uncovertebral bony hypertrophy resulting in narrowing of the neural foramina bilaterally with abutment of the exiting cervical nerve roots bilaterally. "EMG-NCV (electromyography - nerve conduction studies) of the bilateral upper extremities demonstrates cervical 5-6 radiculopathy." Objective findings (06-04-2015) of the cervical spine included moderate tenderness to palpation and spasm over the cervical paraspinal muscles extending to the bilateral trapezius muscles. Axial head compression

and Spurling sign were positive bilaterally. There was facet tenderness to palpation at the cervical 4-cervical 7 levels. Cervical spine range of motion was limited. Sensory exam noted a decreased sensation to pain, temperature, light touch, vibration and two point discrimination along the cervical 5 and cervical 6 dermatomal distributions. On 10-05-2015 the request for left cervical 4-5, and bilateral cervical 5-6 and cervical 6-7 trans facet epidural steroid injection was denied by utilization review. The patient had used a TENS unit for this injury. The patient had received an unspecified number of chiropractic and PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C4-C5 and bilateral C5-C6 and C6-C7, transfacet epidural steroid injection: 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 "2) initially unresponsive to conservative treatments (exercises, physical methods, NSAIDs and muscle relaxants)." Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. A response to recent rehab efforts including physical therapy or continued home exercise program were 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. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. As per the cited guideline "No more than two nerve root levels should be injected using transforaminal blocks." This is a request for Left C4-C5 and bilateral C5-C6 and C6-C7, transfacet epidural steroid injection and the cited guidelines do not recommend more than two nerve root levels. With this, it is deemed that the request for Left C4-C5 and bilateral C5-C6 and C6-C7, transfacet epidural steroid injection is not medically necessary or fully established for this patient.