

Case Number:	CM15-0214603		
Date Assigned:	11/04/2015	Date of Injury:	05/10/2012
Decision Date:	12/23/2015	UR Denial Date:	10/22/2015
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: 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 32 year old female, who sustained an industrial injury on 5-10-2012. A review of the medical records indicates that the injured worker is undergoing treatment for status post cervical fusion C7, status post disc replacement C5-C6, and cervical radiculopathy. On 9-15-2015, the injured worker reported ongoing neck pain that radiated up into her occipitals and down into her mid back and into bilateral upper extremities, primarily into the upper arm with numbness and tingling in the left hand with activity along with pain in the left shoulder. The Primary Treating Physician's report dated 9-15-2015, noted the injured worker had loss of sensation in the left hand with significant muscle guarding and positive signs consistent with neural tension. The injured worker's current medications were noted to include Ambien, Celebrex, Cyclobenzaprine, Linzess, Lisinopril-Hydrochlorothiazide, Maxalt, and Norco. The Physician noted a 6-18-2012 cervical spine MRI was noted to show reversal of the normal cervical lordotic curve with mild degenerative endplate changes with osteophyte formation and posterior bony spurring and multilevel degenerative disc disease with areas of facet hypertrophy and uncovertebral hypertrophy causing multi-level spinal stenosis and neural foraminal stenosis. At C3-C4 moderate left facet hypertrophy and uncovertebral hypertrophy causing mild left neural foraminal stenosis was noted. At C5-C6 broad based central disc protrusion causing impression on the thecal sac and the anterior surface of the cervical spinal cord with spinal stenosis measuring 7mm was noted. Right posterolateral broad based disc protrusion measuring 2mm with spinal stenosis measuring 9mm was noted at C6-C7. Prior treatments have included cervical artificial disc replacement at C5-C6, cervical fusion at C6-C7, physical therapy, cervical

traction, facet block in 2012 with little improvement, left neck radiofrequency ablation, and Soma. The Physician noted the injured worker had been going through "conservative care" and had not responded to medications or physical therapy, and the injured worker had undergone facet blocks prior to the last fusion surgery, now with more nerve root impingement and therefore would plan on recommending a cervical epidural steroid injection (ESI) to help with radicular symptoms. The treatment plan was noted to include a request for authorization for a cervical epidural steroid injection (ESI). The injured worker's work status was noted to be currently not working taking medical retirement in August 2014, last working in May 2012. The request for authorization was noted to have requested a cervical epidural steroid injection at C5-6 and C6-7. The Utilization Review (UR) dated 10-22-2015, denied the request for a cervical epidural steroid injection at C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C5-6 and C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter.

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 at C5-C6 broad based central disc protrusion causing compression of the thecal sac and the anterior surface of the cervical spinal cord with spinal stenosis measuring 7mm in AP diameter. At C6-C7, right posterolateral broad-based disc protrusion measuring 2mm with spinal stenosis measuring 9mm in AP diameter. Per

progress report dated 9/15/15, loss of sensation was noted about the left hand. Motor strength and reflexes were not documented. Above-mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary. Furthermore, the guidelines state no more than one interlaminar level should be injected at one session.