

Case Number:	CM15-0215732		
Date Assigned:	11/05/2015	Date of Injury:	04/17/2015
Decision Date:	12/28/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/03/2015

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:

This is a year 50 old female with a date of injury on 4-17-15. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral hands, knees, right shoulder, neck and right upper leg pain. Progress report dated 10-21-15 reports follow up for neck pain, headaches and upper back pain. She has complaints of chronic neck pain headaches and upper back pain. The pain is describes as burning, radiates from the cervical spine into both shoulder girdle, and radiates down the mid back region. She also report stabbing pain around the shoulder with numbness and tingling down both arms and hands. The pain is rated 8 out of 10 with ranging from 6-10 out of 10. She reports flare up of symptoms 1 week ago she went to ED and they prescribed Norco and Flexeril. She states Ultracet causes grogginess and anxiety. Objective findings: tender to palpation cervical spine, range of motion performed with increased pain, sensation intact to upper extremities, Spurlings maneuver produces neck pain radiating to the thoracolumar junction, Tinels and Phalens were negative. MRI cervical spine 6-17-15 revealed spondylosis modic end-plate change, disc and osteophyte complex resulting moderate right foraminal stenosis and facet arthropathy. Treatments include medication, physical therapy and acupuncture. Request for authorization dated 10-23-15 was made for Epidural steroid injection at C6-7. Utilization review dated 10-30-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at 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) Cervical Epidural Steroid Injections.

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 series-of-three injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. Per progress report dated 9/2/15, motor strength was noted to be 5/5 in the bilateral upper extremities. Sensation was intact. DTR were 2+ in the bilateral biceps, triceps, and brachioradialis. MRI of the cervical spine dated 6/17/15 revealed at C6-C7 spondylosis without stenosis. 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.