

Case Number:	CM15-0217861		
Date Assigned:	11/09/2015	Date of Injury:	02/24/2011
Decision Date:	12/21/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/05/2015

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 47 year old male, who sustained an industrial injury on 02-24-2011. He has reported injury to the neck, bilateral shoulders, low back, and right knee. The diagnoses have included displacement of cervical intervertebral disc without myelopathy; disorder of bursa of shoulder region; lumbar post-laminectomy syndrome; chronic instability of knee; pain disorder with psychological factors and general medical condition; and mood disorder due to chronic pain syndrome. Treatment to date has included medications, diagnostics, activity modification, lumbar epidural steroid injection, psychotherapy, physical therapy, and surgical intervention. Medications have included Ibuprofen, Ativan, Prozac, and Prilosec. A progress report from the treating physician, dated 09-23-2015, documented an evaluation with the injured worker. The injured worker reported ongoing chronic pain problems including neck pain and headaches radiating down the left arm; chronic pain in the shoulders; chronic lower back pain; increasing neck pain over the last year that is exacerbated by prolonged computer work; headaches and tingling radiating down the left arm; most of his daily activities have been limited since his injury; his walking tolerance is diminished; he reports poor sleep and a depressed mood; and he is currently working in a modified capacity. It is noted that the injured worker has had a number of surgeries including surgery to the left shoulder, right shoulder, right bicep tendon, right knee, and lumbar spine; and he has noted some improvement in the lumbar spine. Objective findings included he is alert, oriented, and in no acute distress; he had a difficult time staying in one position during the evaluation due to discomfort; significant postural changes throughout the neck and shoulder with the left shoulder elevated a fair amount in comparison to

the right; the left shoulder appeared to dislocate around the clavicle; there appears to be almost full range of motion at the neck; and flexion at the lower back was almost full, but significantly limited with extension due to guarding from pain. The provider noted that the injured worker "has a history of cervical disc disease at C5-6 and C6-7 with a clinical radiculopathy down the left arm; and he is an appropriate candidate for a cervical epidural steroid injection". The treatment plan has included the request for cervical epidural steroid injection. The original utilization review, dated 10-16-2015, non-certified the request for cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back - Epidural steroid injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck, ESI.

Decision rationale: This claimant was injured in 2011 with reported injury to the neck, both shoulders, low back, and right knee. As of September, there was still ongoing chronic pain problems including neck pain and headaches radiating down the left arm. There was full range of motion documented at the neck. As justification for the request, the provider noted that the injured worker "has a history of cervical disc disease at C5-6 and C6-7 with a clinical radiculopathy down the left arm; and he is an appropriate candidate for a cervical epidural steroid injection". No dermatologic signs in the upper extremities corresponding to disc herniation on an imaging study was noted. There further was no documentation of electrodiagnostic studies showing radiculopathy. The current California web-based MTUS collection was reviewed in addressing this request. They do not specifically isolate the neck area for these injections. The ODG and other sources simply as of late no longer support cervical ESI, noting: 1. Recent evidence: ESIs should not be recommended in the cervical region, the FDA's Anesthetic and Analgesic Drug Products Advisory Committee concluded. Injecting a particulate steroid in the cervical region, especially using the transforaminal approach, increases the risk for sometimes serious and irreversible neurological adverse events, including stroke, paraplegia, spinal cord infarction, and even death. The FDA has never approved an injectable corticosteroid product administered via epidural injection, so this use, although common, is considered off-label. Injections into the cervical region, as opposed to the lumbar area, are relatively risky, and the risk for accidental injury in the arterial system is greater in this location. (FDA, 2015) 2. An AMA review suggested that ESIs are not recommended higher than the C6-7 level; no cervical interlaminar ESI should be undertaken at any segmental level without preprocedural review; & particulate steroids should not be used in therapeutic cervical transforaminal injections. (Benzon, 2015) 3. According to the American Academy of Neurology (AAN), ESIs do not improve function, lessen need for surgery, or provide long-term pain relief, and the routine use of ESIs is not recommended. They further said that there is in particular a paucity of evidence for the use of ESIs to treat radicular cervical pain. (AAN, 2015) Based on evidence-based review, the request is not certified. Therefore, the requested treatment is not medically necessary.