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| Case Number: | CM15-0219454 | | |
| Date Assigned: | 11/12/2015 | Date of Injury: | 07/07/2006 |
| Decision Date: | 12/29/2015 | UR Denial Date: | 10/19/2015 |
| Priority: | Standard | Application Received: | 11/09/2015 |

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 53 year old male, who sustained an industrial injury on 7-7-06. The injured worker was diagnosed as having cervical degenerative disc disease, cervical radiculopathy and cervicalgia. Subjective findings (5-12-15, 6-9-15, 8-4-15 and 9-1-15) indicated chronic neck pain. The injured worker rates his pain 3-6 out of 10. Objective findings (5-12-15, 6-9-15, 8-4-15 and 9-1-15) revealed cervical paraspinal tenderness and an intact sensory exam. As of the PR2 dated 9-29-15, the injured worker reports 4-6 out of 10 cervical spine pain. He indicated having numbness and tingling in the upper extremities to the elbow region. Objective findings include increased pain with extension, intact sensory exam and cervical paraspinal tenderness. Treatment to date has included a cervical CT on 9-22-15 showing mild right foraminal narrowing at C4-C5, Soma and Norco. The Utilization Review dated 10-19-15, non-certified the request for a right C4-C5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4-C5 cervical transforaminal 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: 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. Per progress report dated 8/25/15, sensation was intact to light touch and pinprick in the bilateral upper extremities. Motor strength was 4+/5 in the left deltoid, biceps, and internal rotators. 4/5 left external rotators. 5-/5 left wrist extension, left wrist flexion, left triceps left interossei, left finger flexion, and left finger extension. 5-/5 right deltoid, biceps, internal rotators, external rotators, wrist extensors, wrist flexors, triceps, interossei, finger flexors, and finger extensors. Reflexes were normal at the bilateral biceps, brachioradialis, triceps, patella, and Achilles. MRI of the cervical spine revealed at C4-C5 HNP with mild 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.