

Case Number:	CM15-0030714		
Date Assigned:	02/25/2015	Date of Injury:	03/16/2012
Decision Date:	04/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/18/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 03/16/2012. She has reported high cervical facet pain and occipital headache. The diagnoses have included cervical radiculopathy and occipital neuralgia. Treatment to date has included medications, ice/heat, cervical epidural steroid injection, acupuncture, and chiropractic sessions. Medications have included Tizanidine. An evaluation with a treating provider, dated 12/19/2014, documented the injured worker to report intermittent headaches and neck pain; pain is rated at 2/10 on the visual analog scale; pain is increased by lying down and tilting head; and pain is decreased by walking and medication. The treating physician noted the injured worker to have tenderness to palpation of the cervical paraspinal muscles; decreased neck range of motion; tenderness to palpation of bilateral cervical facets C4 to C5; and tenderness to palpation to the bilateral occipital groove. Request is being made for cervical epidural steroid injection at C5-C6 level. On 02/11/2015 Utilization Review noncertified a prescription for Cervical Epidural Steroid Injection (CESI). The CA MTUS was cited. On 02/12/2015, the injured worker submitted an application for IMR for review of Cervical Epidural Steroid Injection (CESI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection (CESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: Based on the 01/13/14 progress report provided by treating physician, the patient presents with neck and upper back pain radiating to the right scapular region. The request is for CERVICAL EPIDURAL STEROID INJECTION. Patient's diagnosis per Request for Authorization form dated 02/04/15 included occipital neuralgia. Physical examination to the cervical spine on 01/13/14 revealed tenderness to palpation and muscles guarding. Range of motion was decreased, especially on extension 30 degrees. Positive Spurling's test on the right. Per treater report dated 01/13/14, MRI of the cervical spine revealed cervical spondylosis at C5-6, moderate central canal stenosis and moderate right foraminal stenosis. The patient is on home exercise program. Per progress report dated 01/26/15, the patient is to return to work with no restrictions. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 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. 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."Treater has discussed cervical MRI and physical examination findings pertaining to the cervical spine. However, the patient does not have clear radicular symptoms, and treater has not specified location and levels to be injected. MTUS states on p46, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." ESI would not be indicated without a clear diagnosis of radiculopathy, and is not indicated for occipital neuralgia, for which treater is requesting. The request is not in accordance with guideline criteria. Therefore, the request IS NOT medically necessary.