

Case Number:	CM15-0031434		
Date Assigned:	02/24/2015	Date of Injury:	07/25/2013
Decision Date:	04/10/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/19/2015

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 55 year old male, who sustained an industrial injury on 07/25/2013. He has reported neck pain. The diagnoses have included cervical spinal stenosis; facet joint arthritis; and status post rotator cuff repair left shoulder. Treatment to date has included medications, acupuncture, physical therapy, and surgical intervention. A progress note from the treating physician, dated 01/22/2015, documented a follow-up visit with the injured worker. The injured worker reported pain in both sides of the neck; pain is rated at 7/10 on the visual analog scale; and difficulty sleeping at night. Objective findings included acupuncture gives short-term relief; and spinal stenosis at C3-C4, C4-C5 and C6-C7. The treatment plan has included request for of Bilateral C3-4, C4-5 and C6-7 cervical epidural steroid injection. On 02/11/2015 Utilization Review noncertified 1 prescription of Bilateral C3-4, C4-5 and C6-7 cervical epidural steroid injection. The CA MTUS and the ODG were cited. On 02/18/2015, the injured worker submitted an application for IMR for review of Bilateral C3-4, C4-5 and C6-7 cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3-4, C4-5 and C6-7 cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural steroid injections (ESIs).

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

Decision rationale: The patient presents with bilateral neck pain rated 7/10. The request is for BILATERAL C3-4, C4-5, AND C6-7 CERVICAL EPIDURAL STEROID INJECTION. The RFA provided is dated 02/05/15. Patient's diagnosis included cervical spinal stenosis and facet joint arthritis. Per medical report dated 01/22/15, physical examination to the cervical spine showed paraspinal muscle tenderness as well as limited range of motion with forward flexion and extension. On 06/24/14, nerve conduction studies completed revealed bilateral C5, C6, and C7 nerve root impingement. Patient is temporarily totally disabled. 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 '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. MTUS states on p46, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Review of the medical records did not show a history of cervical ESI. Per MTUS, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, although nerve conduction studies revealed bilateral C5, C6, and C7 nerve root impingement, there was no documentation of subjective complaints of radiculopathy. No radicular symptoms are documented. Radiculopathy was not demonstrated clearly by the physical examination either. ESI would not be indicated without a clear diagnosis of radiculopathy. Furthermore, the request is for 3 level injections but MTUS recommends only two levels for transforaminal approach. Of note, MTUS states on p46, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The request IS NOT medically necessary.