

Case Number:	CM15-0032257		
Date Assigned:	02/25/2015	Date of Injury:	03/13/2012
Decision Date:	04/09/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/20/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 44 year old female, who sustained an industrial injury on 03/13/2012. She has reported subsequent neck, shoulder, wrist and back pain and was diagnosed with cervical disc herniations, cervical radiculopathy, cervical stenosis, right shoulder tendonitis and carpal tunnel syndrome. Treatment to date has included oral pain medication, physical therapy and surgery. In a progress note dated 11/21/2014, the injured worker complained of neck pain radiating to the right arm that was rated as a 6-9/10 and intermittent headaches. Objective examination findings were notable for tenderness to palpation of the cervical spine with spasms and reduced range of motion, decreased sensation in the C5-C8 dermatomes on the right and positive right-sided Hoffmann's and Spurling's tests. The physician noted that a request for interlaminar lumbar epidural steroid injection at C5-C6 was being made due to failure of conservative treatment. On 01/19/2015, Utilization Review non-certified a request for interlaminar lumbar epidural steroid injection to target C5-C6 for diagnostic and therapeutic purposes, noting that there were no therapy notes submitted which demonstrate the injured worker's functional improvements or failures as a result of physical therapy. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

ILESI to target C5-C6 to be introduced through a C7-T1 catheter for diagnostic and therapeutic purposes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LESI: Epidural Steroid Injections, page(s) 80 Page(s): LESI: Epidural Steroid Injections, page(s) 80.

Decision rationale: MTUS guidelines give the following criteria for the use of Epidural steroid injections: Note: The purpose of ESI is 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 functional benefit. 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. California MTUS guidelines go on to state specifically regarding cervical ESI, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. (Armon, 2007)." Regarding this patient's case, a cervical ESI was requested and denied by utilization review since MTUS and ODG guidelines do not support cervical epidural steroid injections. Also, an EMG/NCS report failed to identify any evidence of cervical radiculopathy. An MRI and CT report indicated left lateralizing disc protrusions and degenerative changes. The documentation indicates that the patient was complaining of right sided symptoms, which does not appear consistent with these imaging findings. Likewise, this request for a Cervical Epidural Steroid Injection is not considered medically necessary.