

Case Number:	CM15-0032424		
Date Assigned:	02/25/2015	Date of Injury:	02/19/2014
Decision Date:	04/09/2015	UR Denial Date:	01/23/2015
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: 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 59-year-old male, who sustained an industrial injury on March 15, 2014. He has reported periodic locking of the right knee, neck pain radiating to the right arm and elbow with associated tingling and numbness. The diagnoses have included right knee posterior horn medial meniscal tear and lumbar and cervical disc disease. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of periodic locking of the right knee, neck pain radiating to the right arm and elbow with associated tingling and numbness. The injured worker reported an industrial injury in 2014, resulting in the above described pain. In the provided records it was noted he was treated with conservative therapies without improvement in neck pain or associated upper extremity symptoms. On September 30, 2014, evaluation revealed increasing cervical pain. Evaluation on November 18, 2014, revealed continued pain. Evaluation on January 8, 2015, revealed continued symptoms. Cervical epidural steroid injection (CESI) was recommended. On January 23, 2015, Utilization Review non-certified a request for Cervical epidural steroid injection at C3-4 and C4-5, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 17, 2015, the injured worker submitted an application for IMR for review of requested Cervical epidural steroid injection at C3-4 and C4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C3-4 and C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: The patient presents with unrated cervical spine pain, which radiates into the right arm at the elbow and unrated lower back pain, which radiates into the bilateral lower extremities. The patient's date of injury is 02/19/14. Patient has no surgical history directed at this complaint. The request is for CERVICAL EPIDURAL STEROID INJECTIONS AT C3-4 AND C4-5. The RFA is dated 01/15/15. Physical examination dated 01/08/15 reveals decreased sensation in the right S1, L5, and L4 dermatomal distributions, and decreased sensation/weakness in the bilateral arms. No other physical findings are included. The patient's current medication regimen was not provided. Diagnostic imaging included cervical MRI dated 12/16/14, significant findings include: "C3/4 there is moderate loss of disc space height and disc desiccation. There is a 4mm posterior broad based disc bulge with effaces the ventral thecal sac. Moderate central canal stenosis is present. There is impingement of the bilateral foraminal C4 nerves." Patient's current work status is not specified. 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 the 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." In this case, the treater is requesting what appears to be an initial cervical ESI targeted at C3/4 and C4/5 levels bilaterally. While MRI dated 12/16/14 does show multilevel discopathy and stenosis at this level, electrodiagnostic study dated 12/15/14 states in conclusion: "Electromyography of the bilateral upper extremity, cervical and upper thoracic paraspinal muscles is without active or chronic denervation potentials to suggest a cervical or thoracic radiculopathy at this time." While this patient has some sensation loss in the upper extremities and positive cervical disc degeneration, EMG studies do not indicate clinically significant radiculopathy. Furthermore, MTUS guidelines state that there is insufficient evidence of the efficacy of cervical ESI to treat cervical radicular pain. Therefore, the request IS NOT medically necessary.