MAXIMUS Federal Services

Case Number:	CM15-0033882		
Date Assigned:	02/27/2015	Date of Injury:	05/07/2013
Decision Date:	04/07/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/23/2015

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: Massachusetts
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 64 year old female, who sustained a work/ industrial injury on 5/7/13 when she sustained being elbowed to the chest and had a clipboard pulled from her grip while performing duties. She has reported symptoms of neck, chest, and back pain. Prior medical history was not documented. diagnoses have included cervical disc degeneration and depressive disorder. Treatments to date included medication management, back brace, physical therapy (18 sessions), deep tissue massage, chiropractic therapy, activity modification, and psychological counseling. Diagnostics included a Magnetic Resonance Imaging (MRI) that reported 3-4 mm anterior disc protrusion and osteophyte formation complex noted at C2-3. At C3-6, there was a 2 mm posterior disc bulge and protrusion at each of these levels without compromise of the exiting nerve roots. There was also an anterior disc protrusion and osteophyte formation complex measuring 3-4 mm at C3 and C5 and 4-5 mm at C5-6, at C7, there was a 2-3 mm posterior bulge and protrusion noted, with compromise of the right exiting nerve root and a 4-5 mm anterior disc protrusion and osteophyte formation complex. There was a reversal of cervical lordosis pivoted around C3-6. Medications included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). The treating physician's report (PR-2)from 8/21/13 indicated diffuse tenderness and pain to the thoracic area, decreased range of motion , tenderness and pain to the lumbar area, tenderness to the left and right hand with normal range of motion, normal straight leg raise test, normal gait. The IW remained anxious and depressed. On 2/19/15, Utilization Review non-certified a Bilateral C6-C7 cervical epidural steroid injection under fluoroscopy, citing the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C6-C7 cervical epidural steroid injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: 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. The current request is in contrast to the MTUS guidelines and criteria for ESI as no physical exam findings are available to corroborate the imaging. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.