

Case Number:	CM15-0035258		
Date Assigned:	03/03/2015	Date of Injury:	08/28/2012
Decision Date:	04/08/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/25/2015

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: Arizona, California
 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 51-year-old male, who sustained a work / industrial injury on 8/28/12 while stocking boxes. He has reported symptoms of neck and right arm pain. Prior medical history was negative. The diagnoses have included cervical myoligamentous sprain/strain with multilevel degenerative bulging discs, prominent at c5-6 with moderate left and severe right neural foraminal narrowing, right C6 radiculitis, and lumbar myoligamentous sprain/strain. Treatments to date included physical therapy, medication, and injections (translaminar epidural injection under fluoroscopic guidance at L5-S1), trigger point injections. Diagnostics included a Magnetic Resonance Imaging (MRI) of the cervical spine on 12/5/14 that revealed reversal of cervical lordosis with tip at C3-4, at C3-4 grade 1 anterolisthesis, C5-6 grade 1 retrolisthesis, mild canal stenosis and severe right C6 radiculopathy. C7-T1 grade 1 anterolisthesis. Medications included Tramadol, Amitriptyline, and Gabapentin. Physical exam revealed 5/5 motor strength in the upper extremities. Sensation was intact to light touch and pinprick. Reflexes were 1+ and symmetrical. Spurling's and Lhermitte's signs were negative. There was full range of motion of the neck. A request was made for a series of epidural injections. On 1/29/15, Utilization Review non-certified a Series of 3 C5-6 epidural steroid injections under fluoroscopy, citing the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 C5-6 epidural steroid injections under fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the 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. In this case, the claimant's physical exam findings did not corroborate with MRI findings of radiculopathy. In addition, the ACOEM guidelines do not recommend ESI because they do not provide any long-term functional benefit or reduce the need for surgery. Based on the clinical information provided and the guidelines outlined above, the request for 3 ESI of C5-C6 is not medically necessary.