

Case Number:	CM15-0037008		
Date Assigned:	03/05/2015	Date of Injury:	09/05/2011
Decision Date:	04/10/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	02/27/2015

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: Preventive Medicine, Occupational Medicine

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 female, who sustained an industrial injury on September 5, 2011. She has reported neck pain. Her diagnoses include status post cervical 6-7 cervical fusion with persistent cervicgia, advanced cervical degeneration with cervical 3-4 disc protrusion and right neuroforaminal narrowing, right cervical radiculitis, bilateral shoulder internal derangement, status post surgery with recurrent shoulder pain right worse than left, and chronic pain syndrome. Comorbid conditions include morbid obesity (BMI 41). She has been treated with cervical epidural steroid injections and pain, muscle relaxant, and anti-convulsant medications. On January 22, 2015, she underwent right transforaminal epidural steroid injection at cervical 3-4 and cervical 6-7. On February 10, 2015, her treating physician reports the injured worker presented with a severe flare-up of her condition. The prior epidural steroid injection helped significantly for two weeks. Current medications include medications for pain, muscle relaxant, and an anti-convulsant. The physical exam revealed diffuse tenderness to palpation over the right cervical 4-5 and cervical 5-6 interspaces, muscle spasm and guarding over the bilateral splenius cervicis muscle and right upper trapezius area. There was limited cervical range of motion at 50% in lateral flexion and rotation, mildly diminished muscle strength in the right upper extremity, and diminished sensation over the right cervical 5 dermatomal distribution. The treatment plan includes continuing her current medications and a cervical epidural steroid injection at the right cervical 3-4 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C3-C4 CESI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, 181-2, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 39-40, 46. Decision based on Non-MTUS Citation American Society of Interventional Pain Physician: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations Source: <http://www.guideline.gov/content.aspx?id=45379#Section420>.

Decision rationale: Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation, that is, pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. The ACOEM guidelines point out its use has uncertain benefits in neck pathology other than as a non-surgical treatment for nerve root compromise to clarify nerve root dysfunction prior to surgery. As per the MTUS the effects of epidural steroid injections usually will offer the patient only short term relief of symptoms as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. If these other treatment modalities have already been tried and failed, use of epidural steroid injection treatment becomes questionable, unless surgery on the neck is being considered which in this case there is no documentation that that is so. The MTUS also provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination, corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. It also notes that for therapeutic use of this procedure, repeat blocks should be based on continued objective documented pain and documentation that the prior block gave at least 50% pain relief with associated reduction of pain medication use for six to eight weeks. The records document that the prior block only gave the patient 2 weeks of pain relief. Additionally, there were no imaging studies or electrodiagnostic studies in the records reviewed to corroborate the presence of a radiculopathy. At this point in the care of this patient medical necessity for this procedure has not been established.