

Case Number:	CM15-0037255		
Date Assigned:	03/05/2015	Date of Injury:	06/10/2011
Decision Date:	04/16/2015	UR Denial Date:	01/27/2015
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: 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 66-year-old male who sustained an industrial related injury on 6/10/11. The injured worker had complaints of neck pain that radiated to bilateral arms. Physical examination findings included cervical flexion, extension, and lateral rotation were all to 90% of normal due to cervical myofascial pain and spasming. Diagnoses included degeneration of cervical intervertebral disc, post-laminectomy syndrome of the cervical region, brachial radiculitis, cervicgia, cervical facet joint pain, chronic pain syndrome, spasm of muscle, neck sprain, cervical spondylosis without myelopathy, cervical spondylosis without myelopathy, and other syndromes affecting the cervical region. Treatment included physical therapy, medications, and epidural steroid injections. Medications included Norco, Valium, and Butrans transdermal film.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-C7 Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The patient presents with neck pain rated 3-4/10 that radiated to bilateral arms. The request is for C6-C7 CERVICAL EPIDURAL STEROID INJECTION. The RFA is not provided. Physical examination findings included cervical flexion, extension, and lateral rotation were all to 90% of normal due to cervical myofascial pain and spasming. Patient's diagnoses included degeneration of cervical intervertebral disc, post-laminectomy syndrome of the cervical region, brachial radiculitis, cervicgia, cervical facet joint pain, chronic pain syndrome, spasm of muscle, neck sprain, cervical spondylosis without myelopathy, cervical spondylosis without myelopathy, and other syndromes affecting the cervical region. Patient is temporarily totally disabled. 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 a 'series-of-three' injections in either the diagnostic or 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." Per operative reports dated 05/01/14 and 09/04/14, the patient underwent two cervical injections. As a result of the first injection, the patient reportedly experienced greater than 50% palliation for more than ten weeks. The outcome of the repeat injection on 09/04/14 was not provided; however, the patient continues to experience pain at 3-4/10 and states that "the only alleviating factors are oral pain medication." 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. Of note, MTUS states on p46, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The request IS NOT medically necessary.