MAXIMUS Federal Services

Case Number:	CM15-0038377		
Date Assigned:	03/09/2015	Date of Injury:	04/21/2011
Decision Date:	04/13/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/02/2015

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 49 year old, male patient, who sustained an industrial injury on 04/21/2011. An orthopedic follow up dated 01/08/2015 reported subjective complaint of neck pain, and shoulder pain. An MRI from 9/29/14 of the cervical spine indicated indentation of C4-C5 and prior surgical changes from a fusion. Objective findings showed the patient has slight-to-moderate positive impingement of bilateral shoulders. Furthermore, a semi-urgent office visit dated 02/11/2015 described the patient having had an incident at work lifting a large amount of weight and since this, he has experienced moderate pain into his neck and upper back. Physical examination found a significant amount of tenderness and some spasms. He also showed very guarded neck motion with active range of motion of cervical spine. Until this time, the patient has worked without modified duty, but now with recommendation of modified duty. A request was made for an epidural steroid injection under fluoroscopy at C4-5. On 02/25/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, page 46, Epidural Steroid Injections was cited. On 03/02/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection (ESI), Cervical C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS 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 exam findings and recent MRI did not indicate radicular findings. In addition, the ACOEM guidelines do not recommend ESI due to short term benefits. The request for an ESI of the cervical spine is not medically necessary.

Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 47.

Decision rationale: As noted above, an ESI is not indicated due to lack of radicular findings on exam and imaging. Therefore, fluoroscopy will not be medically necessary.