MAXIMUS Federal Services

Case Number:	CM15-0042987		
Date Assigned:	03/13/2015	Date of Injury:	04/24/2013
Decision Date:	04/20/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/06/2015

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: Indiana
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 49-year-old female, who sustained an industrial injury on April 24, 2013. She reported neck pain and back pain. The injured worker was diagnosed as having cervical radiculopathy, facet arthropathy of the cervical spine, thoracic sprain/strain and cervical disc herniation with moderate to severe stenosis and spinal cord contact. Treatment to date has included diagnostic studies, chiropractic care, medications and work restrictions. Currently, the injured worker complains of headaches, neck and back pain with associated radiation of pain and numbness down the bilateral upper extremities. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She has been treated conservatively with chiropractic care with minimal benefit noted. Evaluation on October 17, 2014, revealed continued pain. It was noted she was not interested in pain injections or surgical intervention of the neck at this point. She reported using pain medications as minimally as possible secondary to a burning sensation in the stomach after taking them. Evaluation on October 30, 2014, revealed continued pain. She noted temporary significant benefit with chiropractic care lasting a few hours after each session. She was instructed to use nonsteroidal anti-inflammatories only as needed to reduce stomach upset. Prilosec was prescribed for the stomach symptoms. Evaluation on January 8, 2015, revealed continued pain with associated symptoms. Medications were continued. The pain was noted to return after chiropractic therapy ended. The recommendation was for a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cervical epidural steroid injection targeting C5-6 and C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs).

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 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 request is for two levels, but only one level is allowed by the guidelines. Therefore, the request is not medically necessary.