

Case Number:	CM15-0046536		
Date Assigned:	03/18/2015	Date of Injury:	11/19/2013
Decision Date:	04/24/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/11/2015

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 56 year old male who sustained an industrial injury on 11/19/2013. He reported left sided neck, arm and hand pain and pain in the left knee. The injured worker was diagnosed as having an ACL (anterior cruciate ligament) tear, a cervical disc herniation and cervical disc disorder with foraminal stenosis of the cervical region. Treatment to date has included arthroscopic surgery to repair the ACL tear (01/21/2015) in the knee, and for the neck he has had physical therapy (6 appointments in 12/2013), heat, ice, and home exercise program. He takes Gabapentin and Norco for pain relief. A MRI shows C3-4 disc and osteophyte causing severe foraminal stenosis and moderate canal stenosis with a left C6-7 disc extrusion. Currently, the injured worker complains of numbness in the left shoulder joint with left sided numbness in the ulnar aspect of the forearm and affecting the 2nd and 3rd finger. The treatment plan includes a left C3-4-5 and C5-7 foraminal steroid injection with CT guidance. A request for authorization for a CT guided bilateral C3-C4, C4-5, and C6-7 foraminal epidural steroid injection is under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT guided bilateral C3-C4, C4-5, C6-7 foraminal epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/252207298>.

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

Decision rationale: The patient presents with numbness in the left shoulder joint with left sided numbness in the ulnar aspect of the forearm and affecting the 2nd and 3rd finger. The request is for CT GUIDED BILATERAL C3-C4, C4-5, C6-7 FORAMINAL EPIDURAL STEROID INJECTION. The RFA is not provided. Cervical MRI on 10/06/14 revealed C3-4 disc and osteophyte causing severe foraminal stenosis and moderate canal stenosis with a left C6-7 disc extrusion. Patient's diagnosis included an ACL (anterior cruciate ligament) tear, a cervical disc herniation and cervical disc disorder with foraminal stenosis of the cervical region. The patient has not been working since 12/2013. 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." In this case, while the patient has some arm symptoms including shoulder and forearm numbness/pain along with an MRI showing foraminal stenosis at C3-4 as well as an extruded disc at C6-7, there is no clear diagnosis of radiculopathy. The request is also for bilateral injections at 3 levels and there are no documented symptoms on the right side. For transforaminal approach, no more than 2 level injections are recommended per MTUS. The request IS NOT medically necessary.