

Case Number:	CM15-0047023		
Date Assigned:	04/14/2015	Date of Injury:	02/10/2014
Decision Date:	05/22/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/12/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 61 year old female who sustained an industrial injury on 2/10/2014. Her diagnoses, and/or impressions, included: pain in the joint of the upper arm; pain in the joint of the hand; bilateral carpal tunnel syndrome; repetitive bilateral stress injuries; repetitive strain of the upper extremities and shoulders; chronic cervical sprain, rule-out cervical spondylosis, and cervical degenerative disc disease. Recent magnetic resonance imaging studies of the cervical spine are stated to have been done on 9/30/2014. Electromyogram and nerve conduction studies are reported to have been done one 10/10/2014. Her treatments have included therapy for her shoulder, neck and hands; acupuncture treatments; splint mobilization; and medication management. Progress notes of 1/20/2015 reported complaints with her bilateral upper extremities, and radiating, electric, neck pain down her arms and into her hands. Minimal improvement from conservative modalities is reported. The physician's requests for treatments were noted to include multi-level cervical epidural steroid injection and cervical epidurogram under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C5-C6 and C6-C7; each additional level x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) 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. 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 researches do not support 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 the C6-C7 level is supported by imaging, electrodiagnostic studies and physical exam. The prior reviewer recommended that the request be modified to one level at the C6-7 level which is supported by a physical exam and MRI findings. As such, the request for a cervical epidural steroid injection at C5-C6 and C6-C7; each additional level x 2 is not medically necessary.