

Case Number:	CM15-0052886		
Date Assigned:	03/26/2015	Date of Injury:	03/17/2014
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/20/2015

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 58-year-old male, who sustained an industrial injury on 03/17/2014. Initial complaints reported included severe neck pain with shooting pain into the left upper extremity. The injured worker was diagnosed as having aggravation of a preexisting condition of cervical disc herniation and cervical radiculopathy. Treatment to date has included conservative care, medications, x-rays and MRIs of the cervical spine. Currently, the injured worker complains of increasing and constant neck pain radiating to the left hand with frequent paresthesias to the left hand. Diagnoses include cervical degenerative disc disease, cervical spondylosis, axial neck pain, cervical radiculopathy, contusion of the elbow/forearm, neck sprain, and sprain sprain/leg/calf. The treatment plan consisted of cervical epidural steroid injection at C7-T1, and follow-up.

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 C7-T1: Upheld

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

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) Epidural steroid injections, diagnostic.

Decision rationale: Selective nerve root blocks are also known as epidural transforaminal injection. MTUS states, "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic 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 a 'series-of-three' Injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections." The medical records do document some conservative treatment for the neck was attempted, specifically physical therapy and pain medications. Medical records did not indicate the results of these conservative treatments. Provided documentation indicates a prior cervical epidural steroid injection but there is no record of date, degree of pain and functional improvement or duration of benefit. As such, the request for cervical epidural steroid injection at C7-T1 is not medically necessary.