

Case Number:	CM15-0057128		
Date Assigned:	04/02/2015	Date of Injury:	08/30/2010
Decision Date:	05/26/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/25/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 53-year-old male, who sustained an industrial injury on August 30, 2010. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical radiculopathy. He was status post anterior cervical discectomy and fusion at cervical 5-6 in 2013. Diagnostics to date has included electrodiagnostic studies and MRI. Treatment to date has included a cervical epidural steroid injection. On March 13, 2015, the injured worker complains of his pain being worse in the morning and feeling pins and needles in his right hand with intermittent right upper extremity weakness. He reports a 50% improvement in his neck pain from the cervical epidural steroid injection on February 24, 2015, but his left arm pain persisted. The physical exam revealed tenderness of the cervical paraspinal muscles, limited range of motion with slight pain, decreased sensation to the right 3rd finger (cervical 7), and normal motor strength cervical 3-thoracic1 myotomes. The treatment plan includes a cervical epidural steroid injection (cervical 7-thoracic 1) with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection to C7-T1 with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. 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 patient medical records state that the patient had a 50% improvement from his previous steroid injection but documents significant persistent pain in the right arm and it is unclear if the improvement lasted for the recommended 6-8 weeks. As such, the request for Cervical epidural steroid injections C7-T1 with Fluoroscopy is not medically necessary.