

Case Number:	CM15-0085523		
Date Assigned:	05/08/2015	Date of Injury:	01/18/2013
Decision Date:	06/08/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44-year-old female, who sustained an industrial injury on January 18, 2013. She reported neck and low back pain. The injured worker was diagnosed as having cervical disc disease, cervical radiculopathy, and cervical facet syndrome. Diagnostic studies to date have included MRIs and electromyography/nerve conduction velocity studies. Treatment to date has included physical therapy, chiropractic therapy, acupuncture, psychotherapy, a home exercise program, rest, and medications including pain and muscle relaxant. On April 1, 2015, the injured worker complains of constant neck soreness, which was greater on the left side than the right. Associated symptoms include radiating heaviness and ache into the jaws bilaterally, headaches, feeling like "she lacks oxygen to the brain", inability to focus, and blurry vision. The physical exam revealed decreased lordosis of the cervical spine, moderate paraspinal tenderness and spasm with radiation to the bilateral trapezius and rhomboid muscles, and positive bilateral axial head compression, Spurling sign, and facet tenderness. The cervical range of motion was decreased. The treatment plan includes 2 bilateral cervical 4-5 transfacet epidural steroid injections and 2 bilateral cervical 6-7 transfacet epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-5 Transfacet epidural steroid injection #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for neck pain. When seen, pain was rated at 7/10 and radiating into the jaw. There was paraspinal muscle tenderness with radiating symptoms into the trapezius and rhomboid muscles with muscle spasms. Spurling and compression testing was positive. There was facet tenderness. She had decreased cervical spine range of motion. There was decreased upper extremity strength bilaterally and left upper extremity sensation. An MRI of the cervical spine is referenced as showing multilevel disc protrusions with mild to moderate foraminal narrowing. Authorization for bilateral "transfacet" epidural steroid injections times two was requested. In this case, presumably what is being requested is a transforaminal epidural injection at two levels bilaterally to be performed on two separate occasions. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies or electro diagnostic testing. In this case, the claimant does not have radicular symptoms. The requesting provider documents positive neural compression tests with decreased upper extremity strength and sensation and imaging is reported as showing findings consistent with radiculopathy. 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. In this case, authorization for two block was requested. Without knowing the claimant's response to an initial block, this request cannot be considered as medically necessary.

Bilateral C6-7 Transfacet epidural steroid injection #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use epidural steroid injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for neck pain. When seen, pain was rated at 7/10 and radiating into the jaw. There was paraspinal muscle tenderness with radiating symptoms into the trapezius and rhomboid muscles with muscle spasms. Spurling and compression testing was positive. There was facet tenderness. She had decreased cervical spine range of motion. There was decreased upper extremity strength bilaterally and left upper extremity sensation. An MRI of the cervical spine is referenced as showing multilevel disc protrusions with mild to moderate foraminal narrowing. Authorization for bilateral "transfacet" epidural steroid injections times two was requested. In this case, presumably what is being requested is a transforaminal epidural injection at two levels bilaterally to be performed on two separate occasions. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination

and corroborated by imaging studies or electro diagnostic testing. In this case, the claimant does not have radicular symptoms. The requesting provider documents positive neural compression tests with decreased upper extremity strength and sensation and imaging is reported as showing findings consistent with radiculopathy. 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. In this case, authorization for two blocks was requested. Without knowing the claimant's response to an initial block, this request cannot be considered as medically necessary.