

Case Number:	CM15-0087683		
Date Assigned:	05/11/2015	Date of Injury:	02/22/2014
Decision Date:	06/16/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/07/2015

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: Preventive Medicine, Occupational 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 39 year old female, who sustained an industrial injury on 2/22/14. The injured worker was diagnosed as having cervical radiculopathy and cervicalgia. Treatment to date has included oral medications including Tylenol and Celebrex, epidural steroid injection and physical therapy. (MRI) magnetic resonance imaging of cervical was performed on 6/23/14 and revealed slight right apical curvature, 2mm disc bulge at C4-5 with mild central canal and foraminal stenosis, C5-6 3mm disc protrusion with mild to moderate central canal stenosis and neuroforaminal stenosis and 1-2 mm bulge with mild central canal stenosis at C6i-7. (MRI) magnetic resonance imaging of right shoulder performed on 10/6/14 revealed slight AC joint hypertrophic changes with small effusion indenting the supraspinatus muscle and mild to moderate tendinosis of distal 3 cm of the supraspinatus tendon. Currently, the injured worker complains of pain in neck with radiation to both arms rated 4-5/10. The injured worker noted the cervical epidural steroid injections relieved the pain by 60%. Physical exam noted pain with extension of cervical spine and trigger points of muscles of head and neck. The treatment plan included epidural catheter placement and epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Epidural Steroid Injection at C5, C6, C7: 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 Section Page(s): 46.

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 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. 8) No more than 2 ESI injections. The injured workers physical exam does reveal radiculopathy that has been corroborated by imaging studies and/or electro diagnostic testing. The injured worker has received 2 ESIs with greater than a 50% reduction in pain however he continues to use pain medications. This request for cervical ESI would constitute a third injection, which exceeds guidelines, therefore, the request for Interlaminar Epidural Steroid Injection at C5, C6, C7 is determined to not be medically necessary.