

Case Number:	CM15-0239609		
Date Assigned:	12/16/2015	Date of Injury:	06/27/2013
Decision Date:	01/21/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	12/08/2015

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: Indiana, 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:

This 61 year old male sustained an industrial injury on 8-27-13. Documentation indicated that the injured worker was receiving treatment for chronic neck pain. Previous treatment included physical therapy, cervical facet nerve blocks and medications. In a visit note dated 10-30-15, the injured worker complained of neck pain with radiation to the left arm, rated 8 out of 10 on the visual analog scale. The injured worker stated that Lyrica was not helping for the nerve pain as much and wanted to increase the dosage. Physical exam was remarkable for cervical spine with tenderness to palpation over the paraspinal musculature, facet elements and left superior trapezius with decreased range of motion and pain on cervical extension, positive left cervical facet loading, bilateral shoulders with normal range of motion, 5 out of 5 bilateral upper extremity strength, 2 out of 4 bilateral upper extremity reflexes and normal sensation. The physician documented that electromyography (11-14-13) showed bilateral mild C5 radiculopathy. Requests for medial branch block at C3-4 and C4-5 had been denied. The treatment plan included requesting authorization for C7-T1 cervical epidural steroid injection, increasing Lyrica dosage and continuing Amitriptyline. On 11-24-15, Utilization Review noncertified a request for epidural steroid injection at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at C7-T1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). 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. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. 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 series-of-three injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. The employee meets several of the above criteria including radiating pain, which is also shown by EMG. Therefore, the request is medically necessary.