

Case Number:	CM15-0240114		
Date Assigned:	12/17/2015	Date of Injury:	08/02/2011
Decision Date:	01/25/2016	UR Denial Date:	12/04/2015
Priority:	Standard	Application Received:	12/09/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 8-2-11. The injured worker was diagnosed as having chronic pain syndrome; neck sprain-strain; unspecified myalgia and myositis. Treatment to date has included status post right shoulder surgery (5-2013); status post cervical fusion C3-C5 (3-2012); cervical fusion C6 and C7 (8-2014); cervical fusion revision surgery (1-22-2015); medications. Diagnostics studies included CT scan (10-2015 - no report or findings reported). Currently, the PR-2 notes dated 11-19-15 indicated the injured worker complains of neck, shoulder and hands. He is being seen in this office as a follow-up regarding his neck, right shoulder, right forearm, the pain is described as numbing, cramping, squeezing, and deep. The provider notes "severity varies from 4 out of 10 to 8 out of 10." The pain is reported as constant and worse with prolonged sitting and standing. His medications are listed as Butrans patches 10mcg #4; Pamelor 10mg; Neurotin 600mg and Duexis 800-26.6mg. Physical examination notes "cervical spine decreased painful range of motion with tender to palpation and hypertonicity diffusely; right shoulder range of motion decreased along with sensation in C7 dermatome. The provider is requesting results from multiple diagnostic studies and notes an EMG-NCV study of bilateral upper extremities was not authorized at this time. These notes indicate the injured worker is a status post cervical fusion C3-C5 (3-2012); cervical fusion C6 and C7 (8-2014); cervical fusion revision surgery (1-22-2015). He continues with neck pain and the provider is requesting bilateral cervical epidural steroid injections at C6-C7. A Request for Authorization is dated 12-9-15. A Utilization Review letter is dated 12-4-15 and

non-certification for Bilateral Cervical Epidural Steroid Injections at C6-C7. A request for authorization has been received for Bilateral Cervical Epidural Steroid Injections at C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Cervical Epidural Steroid Injections at C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

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

Decision rationale: According to the CA MTUS/ Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants)." These guidelines regarding epidural steroid injections continue to state, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." CA MTUS, Neck and Back Complaints, Initial Care states, "cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise." Facet injections are not recommended per the Summary of Recommendations table. CA MTUS criteria for epidural steroid injections are: "Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit." 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. In this case, the exam notes from 11/19/15 do not demonstrate a radiculopathy that is specific to a

dermatome on physical exam. In addition there is lack of evidence of failure of conservative care. Per CA MTUS guidelines radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Finally, CA MTUS guidelines state, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Thus the proposed injection is not medically necessary.