

Case Number:	CM15-0242085		
Date Assigned:	12/21/2015	Date of Injury:	12/01/2014
Decision Date:	01/29/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	12/11/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 48 year old male who sustained an industrial injury on December 1, 2014. Medical records indicated that the injured worker was treated for neck and left shoulder pain. Medical diagnoses include left cervical radiculopathy, C3-C4 central disc bulge, measuring 2mm, C4-C5 central disc bulge, measuring 1mm, C5-C6 central disc bulge, measuring 2 mm with mild central canal stenosis and bilateral neural foraminal stenosis, left shoulder internal derangement, left shoulder tear and left shoulder pain. In the provider notes dated November 11, 2015 the injured worker complained of left neck and shoulder pain radiating into the left arm and hand with numbness and tingling. He complains of "increased left shoulder pain by 30% and increased left upper extremity radicular symptoms." His symptoms are worse with cervical ranges of motion and left upper extremity activity. On exam, the documentation stated there was tenderness with palpation of the cervical paraspinal muscles and left shoulder. Cervical range of motion was restricted by pain in all directions. "Cervical extension was worse than cervical flexion." Range of motion was restricted by pain in the left shoulder. Left shoulder impingement test, Neer's and Hawkins test were positive. Left biceps strength was decreased. The treatment plan includes medications and fluoroscopically guided left C3-C4, left C4-C5, and left C5-C6 transforaminal epidural steroid injection (ESI). Previous treatments include failed physical therapy, non-steroidal anti-inflammatory drugs and conservative treatments. A Request for Authorization was submitted for fluoroscopically guided left C3-C4, left C4-C5, and left C5-C6 transforaminal ESI. The Utilization Review dated November 24, 2015 denied the request for fluoroscopically guided left C3-C4, left C4-C5, and left C5-C6 transforaminal ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided left C3-C4, left C4-C5, and left C5-C6 transforaminal epidural steroid injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: MTUS 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. MTUS guidelines go on to state specifically regarding cervical epidural steroid injections: 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. This request does not satisfy MTUS guidelines. A Cervical epidural injection is being requested, and as MTUS guidelines state above, these are of uncertain benefit. Additionally, more than two levels are being requested for injection, which does not hold with MTUS guideline recommendations. In accordance with MTUS guidelines this request is not considered medically necessary as MTUS guidelines are not satisfied.