MAXIMUS Federal Services

Case Number:	CM14-0131977		
Date Assigned:	08/22/2014	Date of Injury:	11/04/2011
Decision Date:	10/29/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female with a reported injury on 11/04/2011. The mechanism of injury was a slip and fall. The injured worker's diagnoses included radiculitis of the left upper extremity, degenerative cervical disc disease with foraminal stenosis, and thoracic pain/thoracic strain/sprain. The injured worker's previous treatments included medications and 2 cervical epidural steroid injections in 2011 and on 12/13/2012 which provided 75% pain relief through April of 2013 and allowed her to continue working; acupuncture, heat, and ice, physical therapy, transcutaneous electrical nerve stimulator (TENS) unit and cervical traction. The injured worker's diagnostic testing included x-rays on 06/23/2014, which showed no instability and an MRI on 01/31/2014, which demonstrated a 2 mm disc bulge at C4-5, C5-6, and C6-7 and moderate foraminal stenosis on the left at C4-5. No relevant surgical history was provided. The injured worker was evaluated on 07/15/2014 for ongoing neck, left shoulder and abdominal pain. The neck pain had radiated into the left arm and hand. The injured worker reported her pain as 9/10 in intensity with radiation into the left shoulder, left elbow and left wrist. The pain was described as constant, aching, sharp, spasm, tightness, tingling and weakness. The pain was aggravated by driving, lying down, overhead activities, sitting, working and reading. The injured worker reported that nothing alleviated the pain. The injured worker reported that her daily activities were limited at 80%. She reported difficulty with sleep and depression. The injured worker's goal was to decrease her medications, decrease pain, return to sports, return to work, return to school. The clinician observed and reported a focused physical exam. Neurological findings were reflexes were 2+ and symmetric at the biceps, brachioradialis, triceps, patellar and Achilles. No motor deficits were noted. The cervical evaluation demonstrated no abnormal curvature of the cervical spine. There were no obvious deformities. There was tenderness to palpation over the cervical right and left upper facets, left mid cervical facets, left lower cervical

facets, right trapezius with spasm and left trapezius with spasm. Range of motion was measured at 45 degrees of flexion, 10 degrees of extension, 20 degrees of bilateral lateral flexion, 60 degrees of right rotation and 45 degrees of left rotation. Spasm and pain were noted with extension. Pain was noted with forward flexion, left lateral bending, right lateral bending, left lateral rotation and right lateral rotation. The upper extremity muscle strength was rated at 5/5 throughout and grip strength was strong and symmetric. No sensory deficits were noted. Cranial nerves 2 through 9 were intact. The clinician's treatment plan was to use ice and moist heat for pain control, gabapentin 600 mg 3 times a day following a titration schedule, discontinue Mobic, Aleve, Naprosyn and Advil; continue the Celebrex and request cervical epidural steroid injection times 3. The injured worker's medications included Omeprazole 40 mg, Soma 350 mg 3 times per day and at bedtime, Naprosyn 250 mg twice per day, Aleve 220 mg 1 to 3 as needed, Celebrex 200 mg twice per day, Pepcid 20 mg twice per day, Meloxicam 15 mg twice per day and Xanax 0.5 mg twice per day as needed. The request was for cervical epidural steroid injections times 3. No rationale for this request was provided. A Request for Authorization form was not provided

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for cervical epidural steroid injection times 3 are not medically necessary. The injured worker did continue to complain of neck and left shoulder pain. The California MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The guidelines recommend no more than 2 ESI injections. Injections should be performed using fluoroscopy for guidance. The injured worker did indicate 75% pain relief with her second epidural steroid injection dated 12/13/2012, but there was no indication of medication decrease at that time. The request was for 3 injections, which is not supported by the guidelines. Additionally, the request did not include fluoroscopy for guidance. Therefore, the request for cervical epidural steroid injection times 3 are not medically necessary.