

Case Number:	CM14-0133400		
Date Assigned:	08/22/2014	Date of Injury:	12/16/2013
Decision Date:	09/25/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/20/2014

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 Occupational Medicine and is licensed to practice in California. 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 claimant was injured on 12/16/13. A second cervical epidural steroid injection at level C5-6 is under review. She was injured when she was struck by trays while pulling them off a pallet. The MRI dated 01/31/14 revealed at C5-6 a mild disc osteophyte complex causing minimal central stenosis and mild left-sided foraminal narrowing. EMG on 03/27/14 was normal. She complained on 04/16/14 of discomfort in her neck, shoulders, and mid back. Physical examination revealed good range of motion and negative Spurling's. Sensory exam was intact. Motor strength was 5/5 and reflexes were symmetric. She reported 30-40% improvement after one cervical epidural injection for about 3 weeks. She had an initial orthopedic evaluation by [REDACTED] and was to have a right C5-6 ESI with [REDACTED]. EMG/NCV were ordered. She saw [REDACTED] on 03/24/14. Physical examination of the cervical spine revealed mildly impaired range of motion. She had no radiating complaints of the upper extremity. There was considerable tenderness. There were no neurologic deficits. She was diagnosed with cervicothoracic strain and contusion with myofascial trigger points. She received trigger point injections. On 04/16/14, she saw [REDACTED] and she had an injection 3 weeks before with 30-40% improvement. Her arm pain was gone and she still had neck stiffness. He stated she had resolved right upper extremity radiculitis after one epidural injection and a second one was ordered. She was given a prescription for Soma and ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Cervical Epidural Steroid Injection (CESI) at C5/6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 79.

Decision rationale: The history and documentation do not objectively support the request for a repeat ESI at level C5/6 at this time. The MTUS state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of Epidural steroid injections: 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 claimant reported 30-40% improvement following an initial cervical ESI in March 2014 (about 3 weeks prior to this request). The MTUS state repeat injections may be recommended if the initial injection provides at least 50% improvement for at least 6 weeks. No further improvement was noted after the date of 04/16/14. The medical necessity of this request for a repeat cervical epidural steroid injection under these circumstances is not medically necessary.