

Case Number:	CM14-0134619		
Date Assigned:	08/27/2014	Date of Injury:	01/10/2011
Decision Date:	09/26/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/21/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 50 year old female who was injured on 1/10/2011. She was diagnosed with cervical strain, left cervical radiculopathy from C5-6 foraminal stenosis, and left shoulder strain/tendinosis/labral tear. She was treated with surgery (shoulder), medications, and physical therapy. MRI was performed on 4/22/2014 revealing 3-4 mm left greater than right disc bulge at the C5-6 level with mild to moderate narrowing of the left neural foramen and a 2-3 mm bulge of the annulus at the C6-7 level with mild to moderate narrowing of the left neural foramen. On 7/23/2014, the worker was seen by her primary treating physician complaining of moderate low back pain with radiation to her hips and legs. Also reported by the physician was the request for a cervical epidural injection that began on 4/30/2014 based on the worker's previous complaint of neck pain with radiation to left arm and hand in the C6-C7 distribution with ulnar forearm and hand numbness which had failed to improve with physical therapy, activity restrictions, and medications. It was not mentioned if the worker was performing any home exercises with her neck and arms at the time of this visit. Upon examination on 7/23/2014, there was tenderness of the cervical midline and trapezii, reduced cervical range of motion, normal upper extremity strength and sensation, and a negative head compression test. She was then prescribed Norco as well as cervical and lumbar epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6, C6-7 Epidural Steroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of cervical radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy 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, and 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there seemed to be imaging proof of radiculopathy as well as subjective report of symptoms of this, but physical examination from 7/23/14 did not confirm this, and all three need to be present for epidural injections to be considered. Also, mention of the worker performing home exercises needs to be documented. Also, it is not recommended by the MTUS to inject more than one level at a given time. Therefore the C5-6 and C6-7 epidural steroid injections are not medically necessary without these criteria being followed.