

Case Number:	CM14-0156942		
Date Assigned:	09/29/2014	Date of Injury:	08/04/2000
Decision Date:	11/19/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/25/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

7/14/14 PR-2 notes there is progressive limited range of motion in the neck and arms with muscle spasms. There are continued moderate and severe headaches with blurry vision. There is tingling and numbness in the cervical region with weakness of the bilateral arms. There is weakness in both arms with progressive worsening. 6/2/14 note indicates pain in the neck. There is limited range of motion with symptoms of tingling and numbness as well as weakness. Examination notes there is pain in the neck. Cervical compression is positive, cervical distraction test is positive, and Adson's Test is positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection (CESI) C7-T1 with catheter under fluoroscopy guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, ESI

Decision rationale: According to ODG:Not recommended. Original recommendations that suggested a "series of three injections" generally did so prior to the advent of fluoroscopic

guidance. These previous recommendations were based primarily on case studies and anecdotal evidence (Class IV and V data). (Abram, 1999) (Warr, 1972) (Hickey, 1987) There does not appear to be any evidence to support the current common practice of a series of injections. (Novak, 2008) Contemporary research studies with higher levels of evidence (including two controlled trials) have suggested that on average, two or less ESIs are required in patients with successful outcomes from the use of ESIs to treat disc related lumbar radiculopathy. (Lutz, 1998) (Vad, 2002) (Riew, 2000) While all of these latter studies have utilized repeat injections, there has been no evidence-based research to explain why this practice is required, or the mechanism for possible action. Since the introduction of fluoroscopically guided ESIs, it has been suggested that there is little evidence to repeat an accurately placed epidural injection in the presence of mono-radiculopathy, regardless of whether there is partial or no response. (McLain, 2005) A recent randomized controlled trial of blind ESIs found no evidence to support repeat injections, because at six weeks there was no significant difference found between the ESI group and a placebo controlled group in terms of any measured parameter. (Price, 2005) A repeat injection has been suggested if there is question of accurate dermatomal diagnosis, if pain may be secondary to a different generator, or in the case of multilevel pathology. (McLain, 2005) There is a lack of support for 2nd epidural steroid injection if the 1st is not effective. (Cuckler, 1985) With fluoroscopic guidance, there is little support to do a second epidural if there is no response to the first injection. There is little to no guidance in current literature to suggest the basis for the recommendation of a third ESI, and the routine use of this practice is not recommended. ODG guidelines support cervical ESI for patient who has failed at least 6 weeks of conservative treatment and has physical exam findings consistent with radiculopathy corroborated by Electromyography (EMG) and/or MRI findings. The medical records provided for review do not document physical exam findings demonstrating radiculopathy (focal weakness, sensory loss, or reflex loss in a root distribution) corroboration by EMG or MRI findings. As such the medical records provided for review do not indicate findings congruent with ODG guidelines for performance of cervical ESI.