

Case Number:	CM14-0112876		
Date Assigned:	09/22/2014	Date of Injury:	01/12/2001
Decision Date:	01/23/2015	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/18/2014

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 Internal Medicine, and is licensed to practice in Arizona. 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:

This is a gentleman who sustained a work related injury on 1/12/2001. The mechanism of injury is not provided. Per the Primary Treating Physician's Progress Report dated 6/19/2014, the injured worker reported moderate pain in the neck radiating into the shoulders with numbness and tingling into the arms. Objective Examination revealed very guarded neck motion with moderate pain at the extremes of motion. Any extension of the neck reproduced pain into the shoulders upper arms. Motor examination was felt to be normal in all major muscle groups of the upper extremities, and sensory examination was normal to light touch. No pathologic reflexes were present and biceps, triceps and brachioradialis reflexes were 0-1+. There was no cervical radiculopathy, but review of the magnetic resonance imaging (MRI) scan revealed forminal stenosis, described as slight to moderate, at C6-C7. The plan of care included medications, epidural steroid injection (ESI), and follow up care. Work Status was full duty. On 7/09/2014, Utilization Review non-certified a prescription for cervical ESI under fluoroscopy at C6-C7 based on lack of medical necessity. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL ESI UNDER FLUOROSCOPY AT C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 46.

Decision rationale: Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Criteria for the use of ESI is 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). 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. 5) No more than two nerve root levels 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. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. In this case there are no neurological deficits consistent with radiculopathy and imaging does not support a diagnosis of radiculopathy. There is no documentation that the patient has had an EMG/NCS. The use of a cervical eSI under fluoroscopy at C6-7 is not medically necessary.